

CORONERS AND JUSTICE ACT 2009

Form prescribed by the Death Certification Regulations 2016

Medical Examiner's Notification of Certified Cause of Death

This form notifies a registrar that a medical examiner has issued a Medical Certificate of Cause of Death with the MCCD number and cause shown below following referral of the death by a coroner. When this form has been fully completed, the registrar can use the medical examiner's certificate, pursuant to regulations under the Births and Deaths Registration Act 1953, to register the death and authorise burial or cremation.

Part A – Medical Examiner's Notification**Details of the deceased person:**Full forenames and family name: _____ NHS No: Age at death: _____ Date of death / /

Place of death: _____

Certified cause of death: _____ MCCD No. _____ issued after referral and receipt of *Coroner Form**Approximate interval*

I (a) _____	_____
(b) _____	_____
(c) _____	_____
(d) _____	_____
(e) (<i>neonatal</i>) _____	_____
II _____	_____

Discussion of cause of death:

Name: _____ Role: _____ has discussed the cause of death with

Name: _____ Relationship to deceased person: _____

The discussion took place on (*date*) / / at (*time*) _ _ _ and did not identify any concerns that required investigation by a coroner. The person named above has been advised that Part B of this form needs to be signed to confirm that the discussion has taken place and that a registrar cannot register the death or provide a certificate to authorise burial, cremation or other means of disposal until this signature has been provided.

Medical Examiner's declaration:

I hereby declare that I am a duly appointed medical examiner and that I have established and certified the cause of death stated above following independent scrutiny in accordance with the appropriate standards and procedures and that I am not aware of any matter that might cause a coroner to think that the death should be investigated. The information given on this form is true and accurate to the best of my knowledge and belief and I am aware that it is an offence if I knowingly and wilfully make a false statement.

Name: _____ GMC No: Area: _____Signature: _____ Date: / / **Part B – Informant's confirmation** (*to be completed at a Medical Examiner's Office or Register Office*)

Informant's name: _____ Relationship to deceased: _____

I confirm that to the best of my knowledge and belief the discussion referred to above took place and provided an opportunity to raise any matters that might cause a coroner to think that the death should be investigated.

Signature: _____ Provided at (*location*): _____ Date: / /