

Reference No.: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

*(To be completed by medical examiner's office.)*

## Queries Raised by Registrar after confirmation or certification by medical examiner

*The information provided in this form is confidential*

The information specified in this form should be recorded for any death where a registrar contacts a medical examiner or medical examiner's office after receiving statutory notification of a confirmed or certified the cause of death. It can be recorded on paper or electronically in an alternative format.

### 1. Name of deceased person and the date and time of death

Name: _____ <i>(Forename) (Family Name)</i>	Date and time of death: ____ / ____ / ____ <i>(Date) (Time)</i>
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### 2. Information on query raised by registrar

 The registrar shown below has contacted the medical examiner's office to query a confirmed or certified cause of death.

Name: \_\_\_\_\_ Register office \_\_\_\_\_ Date/time \_\_\_\_ / \_\_\_\_ / \_\_\_\_ at \_\_\_\_

Reason for query:

- The cause of death on the MCCD delivered by the informant differs from the cause notified to the registrar.  
 The informant is unable or unwilling to sign Part B of the notification to confirm discussion of the cause of death.  
 The informant has provided information or raised concerns that prevent registration proceeding

Notes on discussion of query: – *including name of the medical examiner / examiner's officer with whom the registrar spoke* *continuation sheet*

### 3. Outcome from discussion with registrar

- A medical examiner / examiner's officer has provided a response that enables registration to proceed  
 A medical examiner / examiner's officer has spoken with the informant and has addressed the concern(s)  
 A medical examiner has agreed that a new MCCD needs to be prepared and:  
 An attending doctor has prepared the new MCCD and provided a copy for confirmation by the medical examiner  
 The medical examiner has prepared a new MCCD because no attending doctor is (or was) available  
 The new MCCD No: \_\_\_\_\_ has been issued and a new notification provided to the registrar  
 The query has been discussed with the coroner for \_\_\_\_\_ who has agreed to investigate the death

Reference No.: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(To be completed by medical examiner's office.)

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### 1. Name of deceased person and the date and time of death

Name: _____ <div style="display: flex; justify-content: space-around;"><span>(Forename)</span><span>(Family Name)</span></div>	Date and time of death: ____ / ____ / ____ <div style="display: flex; justify-content: space-around;"><span>(Date)</span><span>(Time)</span></div>
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### 2. Information on query raised by registrar

<input type="checkbox"/> The registrar shown below has contacted the medical examiner's office to query a confirmed or certified cause of death.	
Name: _____ Register office _____ Date/time ____ / ____ / ____ at _____	
Reason for query:	
<input type="checkbox"/> The cause of death on the MCCD delivered by the informant differs from the cause notified to the registrar.	
<input type="checkbox"/> The informant is unable or unwilling to sign Part B of the notification to confirm discussion of the cause of death.	
<input type="checkbox"/> The informant has provided information or raised concerns that prevent registration proceeding	
Notes on discussion of query: – including name of the medical examiner / examiner's officer with whom the registrar spoke	
<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	
<input type="checkbox"/> continuation sheet	

### 3. Outcome from discussion with registrar

<input type="checkbox"/> A medical examiner / examiner's officer has provided a response that enables registration to proceed	
<input type="checkbox"/> A medical examiner / examiner's officer has spoken with the informant and has addressed the concern(s)	
<input type="checkbox"/> A medical examiner has agreed that a new MCCD needs to be prepared and:	
<input type="checkbox"/> An attending doctor has prepared the new MCCD and provided a copy for confirmation by the medical examiner	
<input type="checkbox"/> The medical examiner has prepared a new MCCD because no attending doctor is (or was) available	
<input type="checkbox"/> The new MCCD No: _____ has been issued and a new notification provided to the registrar	
<input type="checkbox"/> The query has been discussed with the coroner for _____ who has agreed to investigate the death	