



COUNTERFOIL ME 000000 N

For use by the person completing the certificate.

Name of deceased child

Sex

NHS No.

Date of death

Age

Place of death

Place of birth

Post-mortem/
additional information* 1 2 3 4

Externally examined
after death* a b c

If b, name

and GMC No.

Cause of death:

(a)

(b)

(c)

(d)

(e)

Name (print)

GMC No.

*Ring appropriate digit(s) and letter

MEDICAL CERTIFICATE OF CAUSE OF DEATH OF A LIVE-BORN CHILD
DYING WITHIN THE FIRST TWENTY-EIGHT DAYS OF LIFE

For use only by a duly appointed medical examiner for a death that has been referred for certification by a coroner.
The certificate may only be used to register the death after the medical examiner has notified a registrar that the certificate has been issued.
This certificate is not required for any death that is investigated by a coroner.

Name of child Sex NHS No.

Date of death as stated to me Age at death as stated to me (whole days) (hours)

Place of death

Place of birth

Registrar to enter
No. of Death Entry
.....

- | | | |
|---|--|---|
| <p>1 The certified cause of death takes account of information obtained from post-mortem.
2 Information from post-mortem may be available later.
3 Post-mortem not being held.
4 I may later be able to supply additional information for statistical purposes.</p> | <p>Please ring
appropriate
digit(s) and
letter</p> | <p>a Externally examined after death by me.
b Externally examined after death on my behalf by:
Name..... GMC No. <input type="text"/>
c Not examined after death by me or on my behalf.</p> |
|---|--|---|

SPACE FOR BINDING

CAUSE OF DEATH

(a) Main diseases or conditions in infant

(b) Other diseases or conditions in infant

(c) Main maternal diseases or conditions affecting infant

(d) Other maternal diseases or conditions affecting infant

(e) Other relevant causes

I hereby certify that I am a duly appointed medical examiner, that I have completed this certificate following referral of the death by a coroner and independent and proportionate scrutiny of available information and that the particulars and cause of death given above are true to the best of my knowledge and belief.

Name (print) GMC No.

Signature Date

For deaths in hospital: please give the name of the consultant responsible for the above named as a patient



MEDICAL CERTIFICATE OF CAUSE OF DEATH

What is this form?

This form shows the cause of death that has been certified by an independent medical examiner following referral from a coroner. It has been given to you so that you can use it to arrange for the death to be registered.

It has been necessary for a medical examiner to certify the death because the child named on the certificate was not attended by a doctor during the last illness or because the attending doctor was not available to certify the death.

Before certifying the cause of death, the medical examiner, or someone acting on behalf of the medical examiner, will have spoken with you, or with another person who is qualified to register the death, to answer questions about the cause and to allow any concerns to be raised that might require the medical examiner to make further enquiries or the death to be investigated by a coroner.

Who can register the death?

One of the people listed below should register the death within five days of the date on which the cause was certified by the medical examiner (see date given overleaf).

This list is given in order of preference.

- Any relative who has knowledge of the information required for registration, or
- a person present at the death, or
- an occupant of the house, or an official from the hospital, or the person arranging the burial or cremation, or, if the death did not occur in a house or hospital, the person who found or took charge of the body.

Where to register the death

The form should be taken to the register office shown below. Most register offices ask you to telephone to make an appointment so that a registrar is available when you visit. If you are unable to arrange for an appropriate person to register the death within five days, please call the registrar for advice.

Note to issuer: Please attach a label with the address and telephone number of the register office in the district where the death occurred.

Fold here

What will the registrar ask?

The person who registers the death will be asked to provide the following information about the deceased.

1. Full forename and family name
2. Date and place of birth
3. Date and place of death
4. Usual address of parents
5. Names and occupations of the parents

Requirements for registration

A registrar can only register the death and/or provide a certificate for burial, cremation or other means of disposal after:

- This certificate has been taken to the register office and a medical examiner has notified the registrar of the confirmed cause of death shown on the certificate.
- A person who is able to register the death has provided a signature to confirm that the cause of death has been discussed with a medical examiner.

It would be helpful if the person with whom the medical examiner discussed the cause of death could either register the death or attend the register office with the person who will register the death. If this is not possible, the person who registers the death should be told about the discussion with the medical examiner so that s/he can provide the signature mentioned above.

If the person who registers the death raises any concerns that have not been discussed with a medical examiner, the registrar will need to speak with the medical examiner or refer the death to a coroner.

After registration

Once the death has been registered, the registrar will keep this form. You will be given a certified copy of the entry in the register of deaths.

The registrar will also provide a certificate for burial, cremation or other means of disposal. This certificate will need to be given to the cemetery, crematorium or a funeral director, if used, with an appropriate application.