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 DD/MM/YYYY
Place of death: __________________________________________

Certified cause of death: MCCD No. ____________________________ issued after referral and receipt of Coroner Form

I (a) __________________________________________
(b) __________________________________________
(c) __________________________________________
(d) __________________________________________
(e) (neonatal) __________________________________________

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) DD/MM/YYYY 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: DD/MM/YYYY

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: DD/MM/YYYY