

## CORONERS AND JUSTICE ACT 2009

Form prescribed by the Death Certification Regulations 2016

**Medical Examiner's Notification of Confirmed Cause of Death**

This form, when fully completed and signed, provides evidence that a medical examiner has confirmed the cause of death stated below. It notifies a registrar that an attending practitioner's Medical Certificate of Cause of Death with the MCCD number and cause shown below can be used, 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 Confirmation****Details of the deceased person:**Full forenames and family name: \_\_\_\_\_ NHS No:        Age at death: \_\_\_\_\_ Date of death //

Place of death: \_\_\_\_\_

**Confirmed cause of death:** \_\_\_\_\_ MCCD No. \_\_\_\_\_  Confirmed after receipt of *Coroner Form*

I (a) \_\_\_\_\_

(b) \_\_\_\_\_

(c) \_\_\_\_\_

(d) \_\_\_\_\_

(e) (*neonatal*) \_\_\_\_\_

II \_\_\_\_\_

*Approximate interval***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 confirm 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: //