

Advance registration application form

This request for an advance registration is made under Section 6 of The Certification of Death (Scotland) Act 2011. Please complete all relevant fields below.

1. Name of the deceased:
2. MCCD serial number:
3. Registration district:
4. Registration office contact details:
(main office telephone number)
5. This request for an advance registration in respect of the MCCD outlined above is being made for the following reason(s) (please tick one or more as appropriate):

Religious or cultural

Compassionate

Practical or administrative

6. Details of request:

The applicant (the informant) hereby certifies that to the best of their knowledge and belief the information contained in this advance registration application form is correct.

Name:

Signature:

Date: