

MEDICAL CERTIFICATE OF CAUSE OF DEATH (Form 11) *Serial number: 0000003x*
 (Section 24(1) of the Registration of Births, Deaths and Marriages (Scotland) Act 1965)

The completed certificate should be taken to the Registrar of Births, Deaths and Marriages and will be retained by them.

GUIDANCE FOR COMPLETION OF THIS FORM IS AVAILABLE AT www.nrscotland.gov.uk/MCCDGuidance

PLEASE PRINT CLEARLY IN BLOCK CAPITALS AND DO NOT ABBREVIATE

PART A - DETAILS OF DECEASED

Name of deceased	
Date of death <i>(dd/mm/yyyy)</i>	
Time of death <i>(24-hour clock – hh:mm)</i>	
Place of death	
Health Board area in which death occurred	
Community Health Index (CHI) number	
Date of birth <i>(dd/mm/yyyy)</i>	

PART B - DETAILS OF CERTIFYING DOCTOR

Name	
GMC number	
Business address	
Business contact telephone number	
<i>For a death in hospital</i> Name of the consultant responsible for the deceased	

I hereby certify that to the best of my knowledge and belief the information contained in this Medical Certificate of Cause of Death is correct.

Signature of certifying doctor	
Date	

For registration office use	RD Number	Year	Entry number
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PART C - CAUSE OF DEATH

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	Approximate interval between onset and death		
	Years	Months	Days
I Disease or condition directly leading to death * (a)			
Antecedent causes – Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last			
due to (or as a consequence of) (b)			
due to (or as a consequence of) (c)			
due to (or as a consequence of) (d)			
II Other significant conditions contributing to the death, but not related to the disease or condition causing it			

* This does not mean mode of dying, such as heart or respiratory failure; it means the disease, injury or complication that caused death.

PART D - HAZARDS

To the best of your knowledge and belief;		Y	N
DH1	Does the body of the deceased pose a risk to public health: for example, did the deceased have a notifiable infectious disease or was their body "contaminated", immediately before death?		
DH2	Is there a cardiac pacemaker or any other potentially explosive device currently present in the deceased?		
DH3	Is there radioactive material or other hazardous implant currently present in the deceased?		

PART E – ADDITIONAL INFORMATION

Post mortem examination by a pathologist (tick one)	
PM1	Post mortem has been done and information is included above
PM2	Post mortem information may be available later
PM3	No post mortem

Attendance on deceased (tick one)	
A1	I was in attendance upon the deceased during last illness
A2	I was not in attendance upon the deceased during last illness: the doctor who was is unable to provide the certificate
A3	No doctor was in attendance on the deceased

Procurator Fiscal (tick if applicable)	
PF	This death has been reported to the procurator fiscal

Extra information for statistical purposes (tick if applicable)	
X	I may be able to supply the Registrar General with additional information

Maternal Deaths (tick if applicable)	
M1	Death during pregnancy or within 42 days of the pregnancy ending
M2	Death between 43 days and 12 months after the end of pregnancy