

**CERTIFICATE OF STILL-BIRTH (Form 6)****Serial number:**

(Section 21(2) of the Registration of Births, Deaths and Marriages (Scotland) Act 1965)

The completed certificate should be produced 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/Form6Guidance](http://www.nrscotland.gov.uk/Form6Guidance)**PLEASE PRINT CLEARLY IN BLOCK CAPITALS AND DO NOT ABBREVIATE****PART A - DETAILS OF STILL-BIRTH****I was present/not present\* at the birth of a male/female/unknown\* still-born child** (\*delete whichever does not apply)

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

**PART B - DETAILS OF CERTIFYING DOCTOR/MIDWIFE**

<b>Name</b>	
<b>GMC/NMC number</b>	
<b>Business address</b>	
<b>Business contact telephone number</b>	
<i>For a still-birth in hospital</i> <b>Name of the consultant</b> in charge of the care of the mother	

**I hereby certify that to the best of my knowledge and belief the information contained in this Certificate of Still-Birth is correct.**

<b>Signature of certifying doctor/midwife</b>	
<b>Date</b>	

**PART C - CAUSE OF DEATH**

(Form 6) *Serial number:*

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<b>I Fetal and/or maternal condition (please specify) directly leading to death</b>	
<b>(a)</b>	
<b>Antecedent causes – Fetal and/or maternal conditions (please specify), if any, giving rise to the above cause, stating the underlying condition last</b>	
<i>due to (or as a consequence of)</i>	
<b>(b)</b>	
<i>due to (or as a consequence of)</i>	
<b>(c)</b>	
<i>due to (or as a consequence of)</i>	
<b>(d)</b>	
<b>II Other significant conditions of child and/or mother contributing to the death, but not related to the disease or condition causing it</b>	

<b>Not to be entered in register</b>
Single birth/first twin/second twin/other multiple
Estimated duration of pregnancy
.....
Weeks
Weight of child if known
.....
grammes

**PART D - HAZARDS**

<b>To the best of your knowledge and belief:</b>		<b>Y</b>	<b>N</b>
<b>DH1</b>	Does the body of the still-born child pose a risk to public health: for example, did the child or the child's mother have a notifiable infectious disease or was the mother or child's body "contaminated" immediately before birth?		
<b>DH2</b>	Is there any potentially explosive device currently present in the still-born child?		
<b>DH3</b>	Is there radioactive material or other hazardous implant currently present in the still-born child?		

**PART E – ADDITIONAL INFORMATION**

<b>Post mortem examination by a pathologist (tick one)</b>	
<b>PM1</b>	Post mortem has been done and information is included above
<b>PM2</b>	Post mortem information may be available later
<b>PM3</b>	No post mortem
<b>Time of Death (tick one)</b>	
<b>AP</b>	Death occurred before the onset of labour (ante partum)
<b>IP</b>	Death occurred during labour (intra partum)
<b>Procurator Fiscal (tick if applicable)</b>	
<b>PF</b>	This still-birth has been reported to the procurator fiscal
<b>Extra information for statistical purposes (tick if applicable)</b>	
<b>X</b>	I may be able to supply the Registrar General with additional information

For registration office use	RD Number	Year	Entry number
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