



# CERTIFICATE OF REGISTRATION OF DEATH

(Section 27(1) of the Registration of Births, Deaths and Marriages (Scotland) Act 1965)

This is to certify that the death of

Name .....

Address .....

.....

..... Postcode .....

was registered by me on .....

The certifying doctor has confirmed the following to the best of their knowledge and belief:

	Y	N
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?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a cardiac pacemaker or any other potentially explosive device currently present in the deceased?	<input type="checkbox"/>	<input type="checkbox"/>
Is there radioactive material or other hazardous implant currently present in the deceased?	<input type="checkbox"/>	<input type="checkbox"/>

**Details of Certifying Doctor**

Name	
GMC number	
Business Address	
Business contact telephone number	

Signed ..... Registrar

Name .....

District of .....

**Note:** This certificate should be given either directly by the informant or by another person (such as a funeral director or family representative) to a person having charge of a place of internment, cremation or other means of disposal of human bodies who inter, cremates or otherwise disposes of the body of a deceased person.