

This Statutory Instrument has been printed in substitution of the S.I. of the same number and is being issued free of charge to all known recipients of that Statutory Instrument.

STATUTORY INSTRUMENTS

1998 No. 2285 (S. 117)

**REGISTRATION OF BIRTHS,
DEATHS, MARRIAGES, ETC.**

**The Registration of Births, Still-Births,
Deaths and Marriages (Prescription of Forms)
(Scotland) Amendment Regulations 1998**

Made - - - - 10th September 1998

Coming into force - - 1st January 1999

The Registrar General, in exercise of the powers conferred upon him by sections 22(1), 24(1), 54(1) (b) and 56 of the Registration of Births, Deaths and Marriages (Scotland) Act 1965⁽¹⁾ and of all other powers enabling him in that behalf and with the approval of the Secretary of State under section 54 of that Act, hereby makes the following Regulations:

Citation commencement and interpretation

1.—(1) These Regulations may be cited as the Registration of Births, Still-Births, Deaths and Marriages (Prescription of Forms) (Scotland) Amendment Regulations 1998 and shall come into force on 1st January 1999.

(2) In these Regulations, “the principal Regulations” means the Registration of Births, Still-Births, Deaths and Marriages (Prescription of Forms) (Scotland) Regulations 1997⁽²⁾.

Amendment of the principal Regulations

2. For the form set out in Schedule 10 to the principal Regulations there shall be substituted the form set out in Schedule 1 to these Regulations.

3. For the form set out in Schedule 11 to the principal Regulations there shall be substituted the form set out in Schedule 2 to these Regulations.

(1) 1965 c. 49; section 56 contains a definition of “prescribed” relevant to the exercise of statutory powers under which these Regulations are made.
(2) S.I. 1997/2348.

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

New Register House,
Edinburgh
4th September 1998

James Meldrum
Registrar General for Scotland

Approved by the Secretary of State

St Andrew's House,
Edinburgh
10th September 1998

Henry B McLeish Scottish Office

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

SCHEDULE 1

Regulation 2

Regulation 2

SCHEDULE 1

(Section 22(1) of the Registration of Births, Deaths and Marriages (Scotland) Act 1965)

DEATH Registered in the district of:		District No.	Year	Entry No.
1. Forename(s)				2. Sex
Surname(s)				
3. Occupation				
4. Date of birth	Year	Month	Day	5. Age
				6. Marital status
7. When died				
8. Where died				
9. Usual residence (if different from 8. above)				
10. Cause of death				
I (a) _____				
(b) _____				
(c) _____				
(d) _____				
II _____				
Certifying registered medical practitioner				
11. Forename(s), surname(s) and occupation of spouse(s)				
12. Forename(s), surname(s) and occupation of father			13. Forename(s), maiden surname, surname(s) and occupation of mother	
14. Signature of informant, how qualified to give information and address				
15. When registered	Year	Month	Day	16. _____ Registrar
17.				
18.				

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

SCHEDULE 2

Regulation 3

SCHEDULE 2

Regulation 3

Medical certificate of cause of death

(Section 24(1) of the Registration of Births, Deaths, and Marriages (Scotland) Act 1965)

The completed certificate is to be taken to the Registrar of Births, Deaths and Marriages

Form 11

F(11)0000001

For registration office use		
Year	_____	
RD number	_____	
Entry number	_____	

Name of deceased							
Date of death	Day	Month	Year		Time of death	Hour	Minute
					Fill in an approximate time if you do not know the exact time (Please use the 24-hour clock)		
Place of death							

Cause of death			Approximate interval between onset and death		
I hereby certify that to the best of my knowledge and belief, the cause of death was as stated below:					
I	Disease or condition directly leading to death*	(a)	_____	_____	_____
		due to (or as a consequence of)			
	Antecedent causes	(b)	_____	_____	_____
	Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last	due to (or as a consequence of)			
		(c)	_____	_____	_____
		due to (or as a consequence of)			
		(d)	_____	_____	_____
		due to (or as a consequence of)			
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.

Please tick the relevant box	
Post mortem	Attendance on deceased
PM1 <input type="checkbox"/> Post mortem has been done and information is included above	A1 <input type="checkbox"/> I was in attendance upon the deceased during last illness
or	A2 <input type="checkbox"/> I was not in attendance upon the deceased during last illness: the doctor who was is unable to provide the certificate
PM2 <input type="checkbox"/> Post mortem information may be available later	or
or	A3 <input type="checkbox"/> No doctor was in attendance on the deceased
PM3 <input type="checkbox"/> No post mortem is being done	
Procurator fiscal	Maternal deaths
PF <input type="checkbox"/> This death has been reported to the procurator fiscal	M1 <input type="checkbox"/> Death during pregnancy or within 42 days of the pregnancy ending
Extra information for statistical purposes	M2 <input type="checkbox"/> Death between 43 days and 12 months after the end of pregnancy
X <input type="checkbox"/> I may later be able to supply the Registrar General with additional information	

Signature: _____	Date: _____
Name in BLOCK CAPITALS: _____	Registered medical qualifications
Official address: _____	For a death in hospital
	Name of the consultant responsible for deceased as a patient

The doctor has given you this form so that you can arrange for the death to be registered. Once the death is registered, the local registrar will keep this form, but can advise you what other documents you may need and can issue extracts of the entry in the register of deaths

Who should tell the local registrar about the death

One of the following people must go to the registration office and tell the local registrar about the death.

- Any relative of the deceased, or
- any person present when the person died, or
- the deceased's executor or other legal representative, or
- the occupier of the property where the person died.

or if there is no such person,

- anyone else who knows the information to be registered.

Where to take the form

In Scotland, a death may be registered

- either in the registration district where the person died
- or in the registration district where the deceased lived (the district of "usual residence") if that was in Scotland.

Usual residence means the deceased's permanent home, not at an address such as a holiday address where he or she may have been staying at the time of death.

If you need advice about what to do with the form, please telephone any local registrar in Scotland (see 'Registration of Births, Death and Marriages' in the telephone book).

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

EXPLANATORY NOTE

(This note is not part of the Regulations)

These regulations amend the Registration of Births, Still-Births, Deaths and Marriages (Prescription of Forms) (Scotland) Regulations 1997.

A revised form of medical certificate of cause of death is substituted to enable more detail to be provided about the sequence of events leading to death (regulation 3).

In order to reflect the additional information required under the revised medical certificate of cause of death, a revised form is substituted for the form prescribing the particulars of death that require to be registered in the register of deaths (regulation 2).