

Status: This is the original version (as it was originally made).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(2)

Form 6

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

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)

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

PART B - DETAILS OF CERTIFYING DOCTOR/MIDWIFE

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

Signature of certifying doctor/midwife	
Date	

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PART C - CAUSE OF DEATH

(Form 6) Serial number:

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I Fetal and/or maternal condition (please specify) directly leading to death (a)
Antecedent causes – Fetal and/or maternal conditions (please specify), 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 of child and/or mother contributing to the death, but not related to the disease or condition causing it

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

PART D - HAZARDS

To the best of your knowledge and belief:		Y	N
DH1	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?		
DH2	Is there any potentially explosive device currently present in the still-born child?		
DH3	Is there radioactive material or other hazardous implant currently present in the still-born child?		

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
Time of Death (tick one)	
AP	Death occurred before the onset of labour (ante-partum)
IP	Death occurred during labour (intra-partum)
Procurator Fiscal (tick if applicable)	
PF	This still-birth 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

For registration office use	RD Number	Year	Entry number
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