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 STATUTORY INSTRUMENTS
 

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## 1985 No. 568

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

## ENGLAND AND WALES

**The Registration of Births, Deaths and Marriages (Amendment)  
Regulations 1985**

*Made - - - - - 3rd April 1985*  
*Coming into Operation 1st June 1985*

The Registrar General, in exercise of the powers conferred on him by sections 22 and 39 of the Births and Deaths Registration Act 1953(a) and section 1 of the Industrial Diseases (Notification) Act 1981(b) and of all other powers enabling him in that behalf, with the approval of the Secretary of State for Social Services(c), hereby makes the following regulations:—

*Citation, commencement and interpretation*

1.—(1) These regulations may be cited as the Registration of Births, Deaths and Marriages (Amendment) Regulations 1985 and shall come into operation on 1st June 1985.

(2) These regulations and the Registration of Births, Deaths and Marriages Regulations 1968 to 1984(d) shall be cited together as the Registration of Births, Deaths and Marriages Regulations 1968 to 1985.

(3) In these regulations the “principal regulations” means the Registration of Births, Deaths and Marriages Regulations 1968(e).

*Amendment of the principal regulations*

2.—(1) For paragraph (2) of regulation 48 of the principal regulations (particulars to be registered and certificate of cause of death) there shall be substituted the following paragraph:—

“(2) The form of a certificate of cause of death may during the period 1st June 1985 to 30th June 1985 be either form 10 or form 10A but thereafter the form of a certificate shall be form 10A.”.

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(a) 1953 c. 20.

(b) 1981 c. 25.

(c) See the Secretary of State for Social Services Order 1968 (S.I. 1968/1699).

(d) S.I. 1968/2049, amended by S.I. 1969/1811, 1970/1780, 1971/1218, 1974/571, 1976/2081, 1977/1912, 1982/265, 955, 1984/460.

(e) S.I. 1968/2049, the amendments to which are not relevant to these regulations.

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(2) There shall be inserted after form 10 in Schedule 1 to the principal regulations the form set out in the Schedule to these regulations.

Given under my hand on 26th March 1985

*A. R. Thatcher,*  
Registrar General.

I approve

*Norman Fowler,*  
Secretary of State for Social Services.

3rd April 1985.

**SCHEDULE  
FORM 10A**

Regulation 2(2)

**Certificate of cause of death**

Name of deceased .....

Date of death as stated to me ..... day of ..... 19 ... Age as stated to me .....

Place of death .....

Last seen alive by me ..... day of ..... 19 ...

- |  |  |  |
|--|--|--|
| <ul style="list-style-type: none"> <li>1. The certified cause of death takes account of information obtained from post-mortem.</li> <li>2. Information from post-mortem may be available later.</li> <li>3. Post-mortem not being held.</li> <li>4. I have reported this death to the Coroner for further action.</li> </ul> | Please ring appropriate digit(s) and letter. | <ul style="list-style-type: none"> <li>a. Seen after death by me.</li> <li>b. Seen after death by another medical practitioner but not by me.</li> <li>c. Not seen after death by a medical practitioner.</li> </ul> |
|--|--|--|

CAUSE OF DEATH	
<p>The condition thought to be the 'Underlying Cause of Death' should appear in the lowest completed line of Part I.</p> <p>I(a) Disease or condition ..... directly leading to death†</p> <p>(b) Other disease or condition, if any, leading to I(a) .....</p> <p>(c) Other disease or condition, if any, leading to I(b) .....</p> <p>II Other significant conditions CONTRIBUTING TO THE DEATH but not related to the disease or condition causing it. ....</p>	<p>These particulars not to be entered in death register</p> <hr style="border: 0.5px solid black;"/> <p>Approximate interval between onset and death</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

The death might have been due to or contributed to by the employment followed at some time by the deceased.	<input type="checkbox"/>	Please tick where applicable.
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†This does not mean the mode of dying, such as heart failure, asphyxia, asthenia, etc: it means the disease, injury, or complication which caused death.

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I hereby certify that I was  
in medical attendance  
during the above named  
deceased's last illness, and  
that the particulars and  
cause of death above  
written are true to the best  
of my knowledge and belief.

Signature ..... Qualifications as  
Residence ..... registered by General  
Date ..... Medical Council

For deaths in hospital: Please give the name of the consultant responsible for the above  
named as a patient .....

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**EXPLANATORY NOTE**

*(This Note is not part of the Regulations.)*

These regulations amend the Registration of Births, Deaths and Marriages Regulations 1968 by inserting in Schedule 1 thereto a new form of certificate of cause of death set out in the Schedule to these regulations. The regulations provide for a certificate to be in either the new form or the old for a period of one month but thereafter the certificate is to be in the new form. The new form differs from the old by including among the particulars to be certified by the medical practitioner in attendance during the deceased's last illness whether death might have been due to or contributed to by the employment of the deceased.

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