

1990 No. 85 (S.6)

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

**The Registration of Births, Deaths, Marriages, Etc.
(Prescription of Forms) (Scotland) Amendment
Regulations 1990**

Made - - - - - *18th January 1990*

Coming into force *1st April 1990*

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

Citation and commencement

1. These Regulations may be cited as the Registration of Births, Deaths, Marriages, Etc. (Prescription of Forms) (Scotland) Amendment Regulations 1990 and shall come into force on 1st April 1990.

Interpretation

2. In these Regulations, "the principal Regulations" means the Registration of Births, Deaths, Marriages, Etc. (Prescription of Forms) (Scotland) Regulations 1965(b).

Amendment of the principal Regulations

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

New Register House, Edinburgh
17th January 1990

C.M. Glennie
Registrar General for Scotland

Approved by the Secretary of State.

St. Andrew's House, Edinburgh
18th January 1990

Michael B. Forsyth
Parliamentary Under Secretary of State,
Scottish Office

(a) 1965 c.49; section 56 contains a definition of "prescribed" relevant to the exercise of the statutory powers under which these Regulations are made.
(b) S.I. 1965/1839, to which there are amendments not relevant to these Regulations.

SCHEDULE

Regulation 3

MEDICAL CERTIFICATE OF CAUSE OF DEATH

This certificate is intended for the use of the Registrar of Births, Deaths and Marriages, and all persons are warned against accepting or using this certificate for any other purpose.

To the Registrar of Births, Deaths and Marriages

Name of deceased

Day	Month	Year

Date of death hours
(Enter approximate time if exact time not known)

Place of death

I hereby certify that to the best of my knowledge and belief, the cause of death and duration of disease were as stated below.

CAUSE OF DEATH (PLEASE PRINT CLEARLY)	
<p style="text-align: center;">I</p> <p>Disease or condition directly leading to death*</p> <p>Antecedent causes Morbid conditions, if any, giving rise to the above cause, the <u>underlying</u> condition to be stated <u>last</u></p>	<p>a..... <i>due to (or as a consequence of)</i></p> <p>b..... <i>due to (or as a consequence of)</i></p> <p>c.....</p>
<p style="text-align: center;">II</p> <p>Other significant conditions contributing to the death, but not related to the disease or condition causing it</p>	<p>.....</p> <p>.....</p>

Registrar to enter

District no

Year

Entry no

Not to be entered in register

Approximate interval between onset and death

years	months	days

* This does not mean the mode of dying such as heart failure, asthenia, etc; it means the disease, injury or complication which caused death.

Please ring appropriate letter and appropriate figures:-

Certified cause takes account of post-mortem information.....	A	Signature
Information from post-mortem may be available later.....	B	
Post-mortem not proposed	C	Date..... 19.....
<hr/>		
Seen after death by me	1	Name in BLOCK
Seen after death by another medical practitioner but not by me	2	CAPITALS
Not seen after death by a medical practitioner	3	Registered medical qualifications
<hr/>		
The deceased woman died during pregnancy or within six weeks thereafter	1	Address
The deceased woman died between six weeks and twelve months after pregnancy ...	2

Please tick box if appropriate

I may be in a position later to give, if asked by the Registrar General, additional information as to the cause of this death for the purpose of more precise statistical classification

<input type="checkbox"/>	For a death in hospital
<input type="checkbox"/>	Name of consultant responsible for deceased as a patient.....

BLOCK CAPITALS

EXPLANATORY NOTE

(This note is not part of the Regulations)

These Regulations amend the Registration of Births, Deaths, Marriages, Etc. (Prescription of Forms) (Scotland) Regulations 1965 by substituting a revised form of medical certificate of cause of death for the existing one. The main changes are—

- (a) to include provision for the doctor
 - (i) to indicate that he may be in a position later to provide additional information to the Registrar General,
 - (ii) to indicate that the procurator fiscal has been informed, and
 - (iii) in the case of a death in hospital, to enter the name of the consultant responsible for the deceased as a patient;
- (b) to extend the question relating to the death of a married woman during or within 6 weeks of pregnancy to include all women, and to include deaths occurring between 6 weeks and a year of pregnancy; and
- (c) to exclude the name of the deceased and the time and place of death from the certifying clause.