

Annex D

Certificate used currently for certifying stillbirths

MEDICAL CERTIFICATE OF STILL-BIRTH

(Births and Deaths Registration Act 1953, S 11(1), as amended by the Population (Statistics) Act 1960)
(Form prescribed by the Registration of Births and Deaths Regulations 1987)

SB 505401

To be given only in respect of a child which has issued forth from its mother after the 24th week of pregnancy and which did not at any time after being completely expelled from its mother breathe or show any other signs of life.

Registered at
Entry No.

*I was present at the still-birth of a $\frac{*male}{*female}$ child born

*I have examined the body of a $\frac{*male}{*female}$ child which I am informed and believe was born

on day of 19..... to
(NAME OF MOTHER)

at
(PLACE OF BIRTH)

- + {
- | | |
|---|--|
| 1 The certified cause of death has been confirmed by post-mortem. | Weight of fetus..... grams |
| 2 Post-mortem information may be available later. | Estimated duration of pregnancy |
| 3 Post-mortem not being held. | State (a) the number of weeks of delivery..... |
- (b) When the child died

*Strike out the words which do not apply.
†Ring appropriate digit.

- (i) before labour*
(ii) during labour*
(iii) not known*

CAUSE OF DEATH	
a. Main diseases or conditions in fetus	SPECIMEN
b. Other diseases or conditions in fetus	
c. Main maternal diseases or conditions affecting fetus	SPECIMEN
d. Other maternal diseases or conditions affecting fetus	
e. Other relevant causes	

I hereby certify that (i) the child was not born alive, and
(ii) to the best of my knowledge and belief the cause of death and the estimated duration of pregnancy of the mother were as stated above.

Signature..... Date

Qualification as registered by General Medical Council, or }
Registered No. as Registered Midwife.

Address

For still-births in hospital: please give the name of the consultant responsible for the care of the mother

THIS IS NOT AN AUTHORITY FOR BURIAL OR CREMATION [SEE OVER]

Certificate used currently for certifying deaths within the first 28 days of life

MED B 1 310481

Registrar to enter No. of Death Entry
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BIRTHS AND DEATHS REGISTRATION ACT 1953
 (Form prescribed by the Registration of Births and Deaths Regulations 1987)

MEDICAL CERTIFICATE OF CAUSE OF DEATH OF LIVE-BORN CHILD DYING WITHIN THE FIRST TWENTY-EIGHT DAYS OF LIFE

For use only by a Registered Medical Practitioner WHO HAS BEEN IN ATTENDANCE during the deceased's last illness, and to be delivered by him forthwith to the Registrar of Births and Deaths.

Name of child.....

Date of death.....day of.....Sex.....

Age at death.....days (completed period of 24 hours).....hours

Place of death.....

Place of birth.....

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

1 The certified cause of death has been confirmed by post-mortem 2 Information from post-mortem may be available later. 3 Post-mortem not being held. 4 I have reported this death to the Coroner for further action. <i>[See overleaf]</i>	}	Please ring appropriate digit and letter.	{	a Seen after death by me. b Seen after death by another medical practitioner but not by me. c Not seen after death by a medical practitioner.
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CAUSE OF DEATH <div style="font-size: 2em; transform: rotate(-45deg); opacity: 0.5; position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); pointer-events: none;">SPECIMEN</div>
a. Main diseases or conditions in infant.....
b. Other diseases or conditions in infant.....
c. Main maternal diseases or conditions affecting infant.....
d. Other maternal diseases or conditions affecting infant.....
e. Other relevant causes.....

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.

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

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

**Certificate used currently for certifying deaths at ages
28 days and over**

Draft entry form used currently for registering live births (Form 309(Rev))

BIRTH		Registrar No.	Entry No.
Registration district	District & S. Dist. Nos.		Administrative area
Sub-district	CHILD		
1. Date and place of birth		3. Sex	
2. Name and surname			
4. Name and surname		FATHER	
5. Place of birth		MOTHER	
7. Name and surname		Occupation	
8. (a) First name		8. (b) Occupation	
8. (a) Maiden surname		9. (b) Surname at marriage if different from maiden surname	
10. Usual address (if different from place of child's birth)			
11. Name and surname (if not the mother or father)		INFORMANT	
12. Qualification			
13. Usual address (if different from that in 10 above)			
14. I certify that the particulars entered above are true to the best of my knowledge and belief			
15. Date of registration		16. Signature of registrar	
NHS Number		Signature of informant	

BIRTH	District & SD Nos.	Registrar No.	Entry No.
CONFIDENTIAL PARTICULARS			
The particulars below, required under the Population (Statistics) Acts, will not be entered in the register. This confidential information will be used only for the preparation and supply of statistical information by the Registrar General.			
1. Where the father's name is entered in register:		Father's date of birth	
DAY MONTH YEAR		DAY MONTH YEAR	
2. In all cases:		Mother's date of birth	
DAY MONTH YEAR		DAY MONTH YEAR	
3. Where the child is born within marriage:		Date of marriage	
MONTH YEAR		MONTH YEAR	
(ii) Has the mother been married more than once? YES NO			
(iii) Mother's previous children (excluding birth registrations by her present husband and any for whom she is registered as a widow) YES NO			
(e) Number born alive (including any who have since died) YES NO			
(f) Number still-born YES NO			
X Is this birth one of twins, triplets, etc* YES NO			
If YES, complete (a) and (b)			
(a) Total number of live and still-births at this maternity*			
2 3 4 5 6 7			
(b) Entry No. of births		Sub-births	
Live births		Entry No. of births	
(vi)		(vii)	
POSTCODE			
1 2 3 4 5			
Eg: 1 2 3 4 5			
Eg: 1 2 3 4 5			
Eg: 1 2 3 4 5			

Draft entry form used currently for registering stillbirths online (Registration online) (Form 308 (RON))

Draft Statistical Information - Still-birth	
District & Sub-district number	Register Number
NHS Number	
Duration of pregnancy	What number is circled on the Medical Certificate
Consultant's Name	Weight of fetus
Fetal Death Occurring	Coroner's post mortem held
Multiple Birth	Total live-births and still-births in this maternity
Is this baby the first to be registered?	Number of still-births
Father's country of birth	Birth order
Postcode - Space 1a	Postcode - Space 10
Postcode - Space 13	Postcode - Space 13
<p>Confidential Particulars</p> <p>The particulars below, required under the Population (Statistics) Acts, will not be entered into the register. This confidential information will be used only for the preparation and supply of statistical information by the Registrar General.</p> <p>Where father's name is entered into the register</p> <p>Reason for non completion (if applicable)</p> <p>In all cases</p> <p>Reason for non completion (if applicable)</p> <p>Where the child is born within marriage</p> <p>Reason for non completion (if applicable)</p> <p>Has the mother been married more than once?</p> <p>Mother's previous children (excluding birth or births now being registered) by her present husband and any former husband</p> <p>Reason for non completion (if applicable)</p>	
<p>Voluntary Statistics</p> <p>Father's industry and employment</p> <p>Industry</p> <p>Reason for non completion (if applicable)</p> <p>Employment status</p> <p>Mother's industry and employment</p> <p>Industry</p> <p>Reason for non completion (if applicable)</p> <p>Employment status</p>	
<p>Other Comments</p>	
Previously registered on	Register No.
GRO Reference number	System No. of previous entry (if applicable)
Entry No.	Entry No.

STILL-BIRTH	
Registration district	Administrative area
Sub-district	
1.(a) Date and place of birth	CHILD
1.(b) Name and surname	
2. Cause of death and nature of evidence that child was still-born	3. Sex
4. Name and surname	FATHER
5. Place of birth	6. Registrar
7. Name and surname	OTHER
8.(a) Place of birth	8.(b) Occupation
9.(a) Maiden surname	9.(b) Surname at marriage if different from maiden surname
10. Usual address (if different from place of child's birth)	
11. Name and surname (if not the mother or father)	INFORMANT 12. Qualification
13. Usual address (if different from that in 10 above)	
14. I certify that the particulars entered above are true to the best of my knowledge and belief	Signature of informant
15. Date of registration	16. Signature of registrar
System No. 95027 706	Register No.

Draft entry form used currently for registering live births online (Registration online) (Form 309 (RON))

Draft Statistical Information - Birth

District & Sub-district number	Register Number	Entry Number
NHS Number		
Multiple Birth	YES	NO
Total live-births and still-births in this maternity	Number of live-births	Number of still-births
Is this baby the first to be registered?	YES	NO
Father's country of birth	E W S NI	NON UK NK
Spanish National	YES	NO
Postcode - Space 1	Postcode - Space 10	
Postcode - Space 13	Postcode - Space 13	

Confidential Particulars

The particulars below, required under the Population (Statistics) Acts, will not be entered into the register. This confidential information will be used only for the preparation and supply of statistical information by the Registrar General.

Where father's name is entered into the register

Reason for non completion (if applicable)	Father's date of birth	NOT KNOWN	REFUSED
In all cases	Mother's date of birth	NOT KNOWN	REFUSED
Reason for non completion (if applicable)	Date of marriage	NOT KNOWN	REFUSED

Where the child is born within marriage

Reason for non completion (if applicable)	NOT KNOWN	REFUSED
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Has the mother been married more than once?

YES	NO
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Mother's previous children registered (excluding birth or births now being registered) by her present husband and any former husband

Number still-born		
Reason for non completion (if applicable)	NOT KNOWN	REFUSED

Voluntary Statistics

Father's industry and employment		Mother's industry and employment	
Industry	Industry	Industry	Industry
Reason for non completion (if applicable)	NOT KNOWN	REFUSED	NOT KNOWN
Employment status	1 2 3 4 5 6 7	Employment status	1 2 3 4 5 6 7

Other Comments

Previously registered on	Register No.	Entry No.
GFO Reference number	System No. of previous entry (if applicable)	

Registration district	Administrative area	Entry No.
Sub-district		
1. Date and place of birth	CHILD	
2. Name and surname	3. Sex	
4. Name and surname	FATHER	
5. Place of birth	6. Occupation	
7. Name and surname		
8.(a) Place of birth	8.(b) Occupation	
9.(a) Maiden surname	9.(b) Surname at marriage if different from maiden surname	
10. Usual address (if different from place of child's birth)		
11. Name and surname (if not the mother or father)	12. Qualification	
13. Usual address (if different from that in 10 above)		
14. I certify that the particulars entered above are true to the best of my knowledge and belief	Signature of informant	
15. Date of registration	16. Signature of registrar	

System No. Register No.

Draft entry form used currently for registering deaths online (Registration online) (Form 310 (RON))

Draft Statistical Information - Death

District & Sub-district number	Register Number	Entry Number
Age	NHS Number	
	Certified	
	1 2 3 4	none
	A B C	none
What number has been circled on the MCCD	Last seen alive date	
Seen or not seen after death	YES	NO
Employment related	YES	NO
Consultant's Name		
Referred to Coroner	NOT REFERRED	REFERRED BY DOCTOR
Additional medical details sought	YES	NO
Coroner's post mortem held	YES	NO
Duration Cause 1a	Duration Cause 1b	Duration Cause II
Duration Cause 1c		
Deceased's country of birth	E W S NI	NON UK N/K Spanish National
Postcode - Space 1	Postcode - Space 6	
Postcode - Space 7c	Postcode	
Confidential - For Deaths		
The particulars below, required under the Population Statistics Acts, will not be entered into the register. This confidential information will be used only for the preparation and supply of statistical information by the Registrar General.		
At date of death deceased was	Single Married Widowed Divorced	Civil Partner Surviving Civil Partner Civil Partnership Dissolved
If married date of birth of surviving spouse		
Reason for non completion (if applicable)	NOT KNOWN	REFUSED
Voluntary Statistics		
Deceased's or *Mother's industry and employment	Spouse/Civil Partner's or *Father's industry and employment	
Industry	Industry	
Reason for non completion (if applicable)	NO GAINFUL EMPLOYMENT	NOT KNOWN
Employment status	1 2 3 4 5 6 7	1 2 3 4 5 6 7
* If the deceased was under 16 years of age.		
Other Comments		
Previously registered on GRO Reference number	Register No.	Entry No.
	System No. of previous entry (if applicable)	

DEATH		Entry No.
Registration district	Administrative area	
Sub-district		
1. Date and place of death		
2. Name and surname	3. Sex	
	4. Maiden surname of woman who has married	
5. Date and place of birth		
6. Occupation and usual address		
7. (a) Name and surname of informant	b) Qualification	
(c) Usual address		
8. I certify that the particulars given by me above are true to the best of my knowledge and belief		
9. Cause of death	Signature of informant	
10. Date of registration	11. Signature of registrar	
System No.	Register No.	

SPECIMEN