

### None of the form is optional.

All parts and questions on both sides should be considered and answered as appropriate

This content was created by the Death Certification Service (DCRS) in 2025. **Some Parts of the MCCD have been replicated to demonstrate where common admin errors occur.** This does not contain all Parts of the MCCD

### PART A - DETAILS OF DECEASED

Date of death (dd/mm/yyyy)		
Time of death (24-hour clock - hh:mm)	When the patient died, <b>not</b> the time death was confirmed	22% incorrect
Place of death	Include ward details if died in hospital	
Health Board area in which death occurred		

### PART B - DETAILS OF CERTIFYING DOCTOR

GMC number	
Business address	Ensure full address noted, including postcode
Business contact telephone number	Business/Ward telephone number, <b>not</b> personal mobile
For a death in hospital Name of the consultant responsible for the deceased	
I hereby certify that to the best of my knowledge and belief the information contained in this Medical Certificate of Cause of Death is correct.	
Signature of certifying doctor	You must remember to <b>sign the form</b>
Date	

### PART C - CAUSE OF DEATH

	between onset and death
	Years Months Days
I Disease or condition directly leading to death* (a)	Most recent
Antecedent causes – Morbid conditions, 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)	Oldest

II Other significant conditions contributing to the death, but not related to the disease or condition causing it

**Allowed abbreviations: HIV, AIDS, COVID-19 Disease and SARS-Cov-2, CREST, CADASIL, SCID, IgG, IgA and IgM**

12% incorrect abbreviation used

## PART D - HAZARDS

Always complete or certificate **must** be re-issued. Use only 

To the best of your knowledge and belief;		Y	N
DH1	Does the body of the deceased pose a risk to public health: for example, did the deceased have a notifiable infectious disease or was their body "contaminated", immediately before death?		
DH2	Is there a cardiac pacemaker or any other electrical device implanted in the deceased?		
DH3	Is there radioactive material or other hazardous substance on or in the deceased?		



As COVID-19 disease is a notifiable disease, consideration should be given to ticking the hazard box. For up-to-date guidance: <https://www.gov.scot/coronavirus-covid-19/>

Consider if cared for the patient during the illness or condition that led to death

Attendance on deceased (tick one)		
A1	I was in attendance upon the deceased during last illness	
A2	I was not in attendance upon the deceased during last illness: the doctor who was is unable to provide the certificate	
A3	No doctor was in attendance on the deceased	

**8%**  
incorrect

Extra information for statistical purposes (tick if applicable)

Only if waiting for histology/toxicology/microbiology/other results which may add detail to cause of death

A3	No doctor was in attendance on the deceased	
Extra information for statistical purposes (tick if applicable)		
X	I may be able to supply the Registrar General with additional information	
Maternal Deaths (tick if applicable)		



Before sending to the local registration office, check:

- ▶ Writing is in black ink in **BLOCK CAPITALS** and is legible
- ▶ All parts of both sides of the form are completed to the best of your knowledge and belief
- ▶ Spelling is correct

**38%**  
incorrect

To watch a short animation on how to complete a paper-based MCCD in Scotland visit:

> <https://vimeo.com/707891717>

Further guidance on MCCD completion / death certification can be found at:

> [Death Certification Review Service \(DCRS\) – Healthcare Improvement Scotland](#)

> [www.nrscotland.gov.uk/MCCDGuidance](http://www.nrscotland.gov.uk/MCCDGuidance)

> [www.sad.scot.nhs.uk/atafter-death/](http://www.sad.scot.nhs.uk/atafter-death/)