

Version 5. August 2025

In 2024/25, 48% of 'not in order' Medical Certificates of Cause of Death (MCCDs) that were reviewed had administrative errors

Be kind to families, get it right first time

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

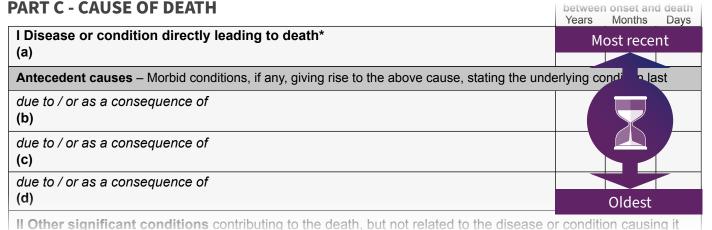
PART A - DETAILS OF DECEASED

Date of death (dd/mm/yyyy)			
Time of death (24-hour clock - hh:mm)		When the patient died, not the time death was confirmed	22% incorrect
Place of death	→ Ward 22 ← Ward 23	Include ward details if died in hospital	incorrect
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, not personal mobile
For a death in hospital Name of the consultant responsible for the deceased	
I hereby certify that to the best of my R Certificate of Cause of Death is correct	knowledge and belief the information contained in this Medical
Signature of certifying doctor	You must remember to sign the form
Date	

PART C - CAUSE OF DEATH



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

PART D - HAZARDS

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

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To the	To the best of your knowledge and belief;		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 in the deceased? As COVID-19 disease is a notification of the deceased of	ole disec	ıse,
DH3	hazard box. For up-to-date guid	consideration should be given to ticking the hazard box. For up-to-date guidance: https://www.gov.scot/coronavirus-covid	

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

Atten	dance on deceased (<i>tick one</i>)	
A 1	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 up provide the certificate	
А3	No doctor was in attendance on the deceased	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

No doctor was in attenuance 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
- > www.sad.scot.nhs.uk/atafter-death/