

COVID-19 GOVERNMENT DOCUMENTS

In view of the difficulty in getting some of the vital government paperwork in connection with COVID policy I am now putting up on the site:

- [Guidance for Doctors completing Medical Certificates of Cause of Death in England and Wales issued by the Passport Office \(now in charge of births and deaths notifications\)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877302/guidance-for-doctors-completing-medical-certificates-of-cause-of-death-covid-19.pdf)
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- Blank copy of the Medical Certificate of the Cause of Death

Medical certificate of cause of death												
Name of deceased												
Date of death	Day		Month		Year			Time of death	Hour		Min	
Place of death												
Cause of death												
I hereby certify that to the best of my knowledge and belief, the cause of death was as stated below:												
1. Disease or condition directly leading to death								Approximate interval between onset and death		Years Months Days		
Antecedent causes								a.)				
Morbidity conditions, if any, giving rise to above cause, stating the underlying condition last								b.)				
								c.)				
								d.)				
2. Other significant conditions contributing to the death, but not related to the disease or condition causing it												
Please tick the relevant box												
Post mortem												
PM1 <input type="checkbox"/> Post mortem has been done and information is included above												
PM2 <input type="checkbox"/> Post mortem information may be available later												
PM3 <input type="checkbox"/> No post mortem is being done												
Procurator fiscal/Coroner												
PF <input type="checkbox"/> This death has been reported to the procurator fiscal/coroner												
Attendance on deceased												
A1 <input type="checkbox"/> I was in attendance upon the deceased during last illness												
A2 <input type="checkbox"/> I was not in attendance upon the deceased during last illness: the doctor who was unable to provide the certificate												
A3 <input type="checkbox"/> No doctor was in attendance on the deceased												
Signature					Date:							
Name in BLOCK CAPITALS					For a death in hospital							
Official address					Name of the consultant responsible							
Counterfoil – Medical certificate of cause of death												
Name of deceased												
Date of death												
Place of death												
Please circle as appropriate												
Post mortem												
Procurator fiscal/Coroner												
Attendance on deceased												
PM1 PM2 PM3												
PF A1 A2 A3												
Cause of death												
I (a)												
(b)												
(c)												
(d)												
II												
Date of certificate												