



Intimation of death to Procurator Fiscal at

(Form PF)

Immediately after registration send this form to the Procurator Fiscal for the area in which the death occurred or, if the death resulted directly from an accident, the area in which the accident occurred.

Sample.

District No	Entry No	Date of registration		
		Year	Month	Day

DEATH Registered in the district of
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DECEASED	Forename(s)				Sex
	Surname(s)				
	Date of birth		Age	When died	
	Year	Month			Day
	Where died				
Postcode					
Usual residence at time of death (if different from place of death)					
Postcode					

CAUSE OF DEATH	I Disease or condition Leading to death* Antecedent causes Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last
	II Other significant conditions contributing to the death but not related to the disease or condition causing it
	Certifying registered medical practitioner

INFORMANT	Name
	How qualified to give information
	Address
	Postcode

Registrar's signature

Date