

|  |
| --- |
|  |

# Advance registration supplementary information

|  |  |
| --- | --- |
| **Name of deceased:**  |  |
| **Date of death:** |  |
| **Funeral date and time:**  |  |
| **Deadlines** (please provide dates and times of any deadlines the service needs to be aware of)\*: |  |
| **Additional information:**  |  |

\* The Death Certification Review Service will aim to respond to the advance registration application within two hours, however approval is not guaranteed as the medical reviewer may need to make further enquiries on the Medical Certificate of Cause of Death (MCCD). It is therefore important any deadlines in relation to the funeral or the registration are provided to DCRS on this form. If the registrar becomes aware of any further deadlines once the advance registration application has been submitted, the registrar should contact the service and provide an update.

**Telephone: 0300-123-1898 or email: his.dcrs@nhs.scot**