S.I. 56 of 2022

CIVIL STATUS ACT

(Cap. 34)

Civil Status (Medical Certificate of Cause of Death) Regulations, 2022

IN EXERCISE OF THE POWERS CONFERRED BY SECTIONS 2 AND 165 OF THE CIVIL STATUS ACT, AS AMENDED, THE MINISTER RESPONSIBLE FOR CIVIL STATUS MAKES THE FOLLOWING REGULATIONS —

Citation

1. These regulations may be cited as the Civil Status (Medical Certificate of Cause of Death) Regulations, 2022.

Medical Certificate of Cause of Death

2. The certificate set out in Schedule 1 shall be the Medical Certification of Cause Death for the purposes of the Act.

Variation of certificate

3. The Principal Secretary responsible for health may modify, alter or add such words or phrases to the certificate contained in Schedule 1 and any such variation shall not affect the validity or regularity of the certificate.

SCHEDULE 1
(Regulation 2)

MEDICAL CERTIFICATE OF CAUSE OF DEATH

<table>
<tr><th colspan="5">ADMINISTRATIVE DATA</th></tr>
<tr><td colspan="2">1. FIRST NAMES</td><td colspan="2">2. LAST NAME</td><td>3. SEX</td></tr>
<tr><td>4. DATE OF BIRTH</td><td colspan="2">5. PLACE OF RESIDENCE</td><td>6. OCCUPATION</td><td>7. NATIONALITY</td></tr>
<tr><td colspan="2">8. NATIONAL IDENTITY NUMBER/PASSPORT NUMBER</td><td colspan="2">9. DATE OF DEATH</td><td>10. TIME OF DEATH</td></tr>
<tr><td colspan="4">11. PLACE OF DEATH (Check one only)
HOSPITAL
☐ Inpatient ☐ ER/Outpatient ☐ DOA
OTHER
☐ Institution ☐ Residence ☐ Other (Specify)</td><td>12. FACILITY NAME</td></tr>
</table>

FRAME A

13. ***PART I.*** *Enter condition, disease or injury that caused death. Do not enter mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line.* ***The condition thought to be the underlying cause of death should appear last.***

Approximate time interval between onset and death

I(a)Final disease or condition leading to death ***(immediate cause of death)*** a. _____ _____

I(b) Other disease or condition if any leading to a b. _____ _____

I(c) Other disease or condition if any leading to b c. _____ _____

I(d) Other disease or condition if any leading to c d. _____ _____

14. ***PART II.*** *Other significant conditions leading to death but not resulting in the underlying cause given in Part I*

_____ _____ _____ _____ _____

15. WAS AN AUTOPSY PERFORMED? Yes No

16. WERE AUTOPSY FINDINGS USED IN COMPLETING THIS CERTFICATE? ☐ Yes ☐ No

FRAME B

17a. WAS SURGERY PERFORMED DURING LAST 4 WEEKS? ☐ Yes ☐ No ☐ Unknown

17b. IF YES SPECIFY DATE OF SURGERY

17c. IF YES SPECIFY REASON FOR SURGERY (Disease or condition)

18. MANNER OF DEATH

☐ Natural ☐ Accident

☐ Suicide ☐ Homicide

☐ Pending investigation

☐ Could not be determined

19a. DATE OF INJURY

19b. TIME OF INJURY

19c. INJURY AT WORK? ☐ Yes ☐ No

19d. DESCRIBE HOW INJURY OCCURRED

19e. PLACE OF INJURY - at home, farm, street, factory, office building, construction site etc.

19f. LOCATION OF INJURY (geographical location)

20a. IF FEMALE:

☐ Not pregnant, but pregnant within 42 days of death

☐ Not pregnant within past year

☐ Pregnant at time of death

☐ Not pregnant, but pregnant 43 days to 1 year before death

☐ Unknown If pregnant within the past year

21. IF FOETAL OR INFANT DEATH:

21a. Multiple pregnancy ☐ Yes ☐ No ☐ Unknown

21b. Stillborn ☐ Yes ☐ No ☐ Unknown

21c. If death within 24 hours specify number of hours survived:

21d. BIRTH WEIGHT IN GRAMMES:

21e. AGE OF MOTHER IN YEARS:

20b. DID THE PREGNANCY CONTRIBUTE TO THE DEATH? ☐ Yes ☐ No ☐ Unknown	**21f.** IF DEATH WAS PERINATAL, PLEASE STATE CONDITIONS OF MOTHER THAT AFFECTED THE FOETUS OR NEWBORN:
22. NAME OF CERTIFYING PHYSICIAN	**23.** To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) and manner stated.
24. STAMP/REGISTRATION NUMBER	**25a.** NAME AND TITLE **25b**. SIGNATURE **25c.** DATE ▶

MADE this 20th day of April, 2022.

ERROL FONSEKA
MINISTER OF INTERNAL AFFAIRS