

Annex I Draft entry form used by registrars for registering deaths online (Registration online) (Form 310 (RON))

DEATH

Entry No: _____

Administrative area: _____

Registration district: _____

Sub-district: _____

1. Date and place of death

2. Name and surname

3. Sex

4. Maiden surname of women who has married

5. Date and place of birth

6. Occupation and postal address

7. a) Name and surname of informant

b) Qualification

c) Usual address

8. I certify that the particulars given by me above are true to the best of my knowledge and belief.

9. Cause of death

10. Date of registration

11. Signature of registrar

Register No. _____

System No. _____

Signature of informant

Draft Statistical Information - Death

District & Sub-district number: _____ Entry Number: _____

Age: _____ Y: _____ M: _____ W: _____ D: _____ IMS Number: _____

Registered: YES NO Certified: YES NO What number has been circled on the MCD: 1 _____ 2 _____ 3 _____ 4 _____ none _____

Seen or not seen after death: A _____ B _____ C _____ none _____

Employment related: YES NO Last seen alive date: _____

Consultant's Name: _____

Referred to Coroner: NOT REFERRED REFERRED BY DOCTOR REFERRED BY REGISTRAR REFERRED BY OTHER NOT REFERRED Length of stay: UNDER 6 MONTHS OVER 6 MONTHS NOT KNOWN Coroner's post mortem held: YES NO NOT KNOWN Did the deceased live in a communal establishment: YES NO Duration Cause 1a: _____ YES NO Duration Cause 1b: _____ Duration Cause 1c: _____

Deceased's country of birth: E _____ W _____ S/N V/N N/K _____ Spanish National: YES NO Postcode - Space 1: _____ Postcode - Space 6: _____ Postcode - Space 7c: _____

Confidential Particulars
The particulars below, required under the Population Statistics Act, will not be entered into the register. This confidential information will be used only for the preparation and supply of statistical information by the Registrar General.

At date of death deceased was: Single Married Widowed Divorced Civil Partner Civil Partnership Dissolved Civil Partner Not Known Released If married date of birth of surviving spouse: _____ If in a civil partnership enter date of birth of surviving civil partner: _____ Reason for non completion (if applicable): NOT KNOWN REFUSED

Voluntary Statistics

Deceased's or Mother's industry and employment: _____ Spouse/Civil Partner's or Father's industry and employment: _____ Industry: _____ Reason for non completion: NOT KNOWN REFUSED Reason for non completion: KNOWN REFUSED REASON: _____ Employment status: 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ * If the deceased was under 15 years of age.

Other Comments

Previously registered on GRC Reference number: _____ Register No. _____ Entry No. _____ System No. of previous entry (if applicable): _____

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