

Annex C Coroner's certificate after inquest (Form 99(REV) A & B - white)

CORONER'S CERTIFICATE AFTER INQUEST furnished under section 11(7) of the Coroner's Act 1988		To be completed by Registrar Register No. <input style="width: 50px;" type="text"/> Entry No. <input style="width: 50px;" type="text"/>							
To the <input style="width: 150px;" type="text"/>		Registrar of Births and Deaths							
Inquest held on _____ at _____ Was a post-mortem held? <input type="checkbox"/>									
PART I PARTICULARS OF DECEASED (Not still born - see separate Form 99A)									
1 Date and place of death _____									
2 Name and surname _____		3 Sex _____							
		4 Maiden surname of woman who has married _____							
5 Date and place of birth _____									
6 Occupation and usual address _____									
SPECIMEN									
Cause of death I(a) _____ (b) _____ (c) _____ II _____ Verdict _____									
PART II VISITING FORCES { *under section 7 of the Visiting Forces Act 1952 The inquest was adjourned on _____ *and has not been resumed									
PART III BURIAL/CREMATION †Enter Order for Burial/Certificate E for Cremation I have issued† on _____ to _____ of _____									
PART IV MARITAL CONDITION etc. All persons aged 16 and over Insert appropriate number in box. 1 Single 2 Married 3 Widowed 4 Divorced 5 Not Known <input style="width: 30px; height: 20px;" type="text"/>									
If married enter date of birth of surviving spouse <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">Day</td> <td style="width: 20px;">Month</td> <td style="width: 20px;">Year</td> </tr> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>				Day	Month	Year			
Day	Month	Year							
I certify that the findings of the inquest were as above.									
Date _____		Signed _____							
Name _____									
Appointment _____									
Jurisdiction _____									
*Delete as necessary		Form 99(REV)A SB17/2a 1/93							

Annex C – continued

Name and surname of deceased	To be completed by Registrar						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">District & SD Nos.</td> <td style="width: 20%;"></td> </tr> <tr> <td>Register No.</td> <td></td> </tr> <tr> <td>Entry No.</td> <td></td> </tr> </table>	District & SD Nos.		Register No.		Entry No.	
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Register No.							
Entry No.							
PART V ACCIDENT OR MISADVENTURE (including deaths from neglect or from anaesthetics)							
<p>1. Place where accident occurred†</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <ul style="list-style-type: none"> 0. Home 1. Farm 2. Mine or quarry 3. Industrial place or premises 4. Place of recreation or sport </td> <td style="width: 50%; border: none;"> <ul style="list-style-type: none"> 5. Street or highway 6. Public building 7. Resident institution 8. Other specified place 9. Place not known </td> </tr> </table> <div style="text-align: right; margin-top: 10px;"><input type="checkbox"/></div>		<ul style="list-style-type: none"> 0. Home 1. Farm 2. Mine or quarry 3. Industrial place or premises 4. Place of recreation or sport 	<ul style="list-style-type: none"> 5. Street or highway 6. Public building 7. Resident institution 8. Other specified place 9. Place not known 				
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<p>2. To be completed for all persons aged 16 and over When injury was received deceased was†</p> <ul style="list-style-type: none"> 1. On way to, or from work 2. At work 3. Elsewhere <div style="text-align: right; margin-top: 10px;"><input type="checkbox"/></div>							
<p>3. Details of how accident happened:</p> <div style="text-align: center; font-size: 48px; font-weight: bold; transform: rotate(-45deg); opacity: 0.5;">SPECIMEN</div>							
<p>4. If motor vehicle incident, deceased was†</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <ul style="list-style-type: none"> 0. Driver of motor vehicle other than motor cycle 1. Passenger in motor vehicle other than motor cycle 2. Motor cyclist 3. Passenger on motor cycle 4. Occupant of tram car </td> <td style="width: 50%; border: none;"> <ul style="list-style-type: none"> 5. Rider of animal; occupant of animal-drawn vehicle 6. Pedal cyclist 7. Pedestrian 8. Other specified person 9. Not known </td> </tr> </table> <div style="text-align: right; margin-top: 10px;"><input type="checkbox"/></div>		<ul style="list-style-type: none"> 0. Driver of motor vehicle other than motor cycle 1. Passenger in motor vehicle other than motor cycle 2. Motor cyclist 3. Passenger on motor cycle 4. Occupant of tram car 	<ul style="list-style-type: none"> 5. Rider of animal; occupant of animal-drawn vehicle 6. Pedal cyclist 7. Pedestrian 8. Other specified person 9. Not known 				
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<p>5. Interval between injury and death†</p> <ul style="list-style-type: none"> 1. Less than one year 2. One year or more <div style="text-align: right; margin-top: 10px;"><input type="checkbox"/></div>							

†Please insert appropriate number in box

Form 99(REV)B
SB17/2b 1/03