

**SECOND SUPPLEMENT TO THE GIBRALTAR
GAZETTE
No. 3711 of 7 May, 2009**

LEGAL NOTICE NO. 27 OF 2009.

BIRTHS AND DEATHS REGISTRATION ACT

**BIRTHS AND DEATHS REGISTRATION (AMENDMENT)
RULES 2009**

The Minister, in exercise of his powers under section 41 of the Births and Deaths Registration Act, and all other enabling powers, has made the following Rules—

Title.

1. These Rules may be cited as the Births and Deaths Registration (Amendment) Rules 2009.

Amendments to the Births and Deaths Registration Rules.

2.(1) The Births and Deaths Registration Rules is amended as follows.

(2) In Schedule 1 to the Rules for Form D substitute—

“FORM D.—MEDICAL CERTIFICATE OF CAUSE OF DEATH.

Section 21

Name of Deceased

Date of Death as stated to me day of 20

Age as stated to me (years, months, days or hours)

Place of Death

Last seen alive by me day of 20

- | | | |
|---|---|--|
| <ol style="list-style-type: none"> 1. The certified cause of death takes account of information obtained from Post Mortem. 2. Information from Post Mortem may be available later. 3. Post Mortem not being held. 4. I have reported this death to the Coroner. | }
Please ring appropriate digits and letter
{ | <ol style="list-style-type: none"> A. Seen after death by me. B. Seen after death by another Medical Practitioner but not by me. C. Not seen after death by a Medical Practitioner. |
|---|---|--|

CAUSE OF DEATH
 The condition thought to be the “underlying Cause of Death” should appear in the lowest completed line of Part I.

These particulars not to be entered in the register.
 Approximate interval between onset and death.

<p>I (a) Disease or condition directly leading to death* (b) Other disease or condition, if any, leading to I(a) (c) Other disease or condition leading to I(b) II Other significant conditions CONTRIBUTING TO THE DEATH but not related to the disease or condition causing it.</p>	
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<p>The death might be due to or contributed to by the employment followed at some time by the deceased.</p>	<input type="checkbox"/>	<p>Please tick where applicable</p>
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* This does not mean the mode of dying, such as Heart Failure, Asphixia, Asthenia, etc; it means the Disease, Injury or Complication which caused death.

A. Do you have any reason to suspect that the death might be due, directly or indirectly, to—

(a) violence?

(b) poison?

(c) privation or neglect?

Please tick where applicable

B. Has the deceased been fitted with-

(a) a cardiac-pacemaker?

(b) a radio-active or other implant?

If the answer to either of the questions above is yes-

(c) has it/they been removed?

Please tick where applicable

C. Is there any impediment to the body being cremated? YES/NO

Please ring the appropriate answer.

If the answer is YES please set out the impediment.

(The particulars in A-C are not to be entered in the register)

I hereby certify that I was in Medical attendance during the above-named deceased's last illness and that the particulars and cause of death above written are true to the best of my knowledge and belief

Signature Qualifications
(as Registered)

Residence Date

”.

Dated 7th May, 2009.

P R CARUANA,

Minister with responsibility for personal status.

