**Coroner forms**

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# Coroner Notification 1A

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NOTIFICATION TO THE ATTENDING PRACTIONER that the coroner is not under a duty to investigate a death under section 1 of the Coroners and Justice Act 2009** | | | | |  | | Form CN1A | |
|  | | | | |  | |  | |
| To (insert name of attending medical practitioner) |  | | | | |  |  | |
|  |  | | | | |  |  | |
| Please give reasons why the s1 duty is not engaged |  | | | | | | | |
|  |  | | | | |  |  | |
| Copy to relevant ME office |  | | | | |  |  | |
|  | | PARTICULARS OF THE DECEASED | | | | | | |
| Name and Surname | | | |  | | | | |
| Sex | | | |  | | | | |
| Age (or Date of Birth) | | | |  | | | | |
|  | | | | |
| Date of Death | | | |
| Additional information  (if applicable) | | | |  | | | | |
|  | | | | |
|  | | | | | | | | |
|  | | CORONER’S CERTIFICATE | | | | | |  |
|  | | | The circumstances connected with the death of the deceased have been reported to me and I do not consider that I am under a duty to investigate the death under section 1 of the Coroners and Justice Act 2009. | | | | | |
| Date | | | |  | | | |  |
| Certified by: Coroner name | | | |  | | | |  |
| Coroner area | | | |  | | | |  |

# Coroner Notification 1B

|  |  |  |
| --- | --- | --- |
| **NOTIFICATION TO THE MEDICAL EXAMINER that the coroner is not under a duty to investigate a death under section 1 of the Coroners and Justice Act 2009 and no attending practitioner is available** |  | Form CN1B |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| To (insert name of Medical Examiner) | |  | | | |  |  | |
|  | | | | | |  |  | |
| Please give reasons why the s1 duty is not engaged | |  | | | | | | |
|  | | | | | |  |  | |
| Name and contact details of notifying registered medical practitioner, if known | |  | | | |  |  | |
|  | |  | | | |  |  | |
|  | PARTICULARS OF THE DECEASED | | | | | | | | |
| Name and Surname | | | | |  | | | | |
| Sex | | | | |  | | | | |
| Age (or Date of Birth) | | | | |  | | | | |
|  | | | | |
| Date of Death | | | | |
| Additional information  (if applicable) | | | | |  | | | | |
|  | | | | |
|  | | | CORONER’S CERTIFICATE | | | | |  | |
|  | | | | The circumstances connected with the death of the deceased have been reported to me and I do not consider that I am under a duty to investigate the death under section 1 of the Coroners and Justice Act 2009. | | | | | |
| Date | | | | |  | | |  | |
| Certified by: Coroner name | | | | |  | | |  | |
| Signature | | | | |  | | |  | |
| Coroner area | | | | |  | | |  | |

# Coroner Notification 2

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NOTIFICATION TO THE REGISTRAR** | | | | | | | | |  | To be completed by Registrar | |
| **FORM CN2** | | **DISCONTINUANCE OF INVESTIGATION under section 4 Coroners and Justice Act 2009 where cause of death has become clear before inquest** | | | | | | |  | Register No. |  |
|  | Entry No | XXXXXXXXX | | |
|  |  |  |
|  | | | | | | | | |  |  |  |
| To the |  | | | | | | | Registrar of Births and Deaths | | | |
|  | | | | PARTICULARS OF THE DECEASED | | | |  | |  |  |
| Name and Surname | | | | |  | | | | | | | |
| Sex | | | | |  | | | | | | | |
| Age (or Date of Birth) | | | | |  | | | | | | | |
| Date of Death | | | | |  | | | | | | | |
| Place of Death | | | | |  | | | | | | | |
| Ethnicity | | | | |  | | | | | | | |
| Was the deceased pregnant within the year prior to their death? | | | | | | |  | | | | | |
| Did the pregnancy contribute to the death? | | | | | | |  | | | | | |
|  | | | | CORONER’S CERTIFICATE | | | | | | | |
|  | | | | | I certify that the cause of death was: | | | | | | | |
| Cause of Death | | | | | I(a) | | | | | | | |
| (b) | | | | | | | |
| (c) | | | | | | | |
|  | | | | | (d) | | | | | | | |
|  | | | | | II | | | | | | | |
| And I am satisfied that it is not necessary to continue the investigation  A post-mortem examination was / was not conducted to provide evidence as to the deceased’s cause of death (select as appropriate) | | | | | | | |
|  | | | | | Where this notification relates to a still-born child, please tick this box [ ]  And provide the full name and qualification of the registered medical practitioner who made any post-mortem examination  Name:  Qualification | | | | | | | |
|  | | | | | | CERTIFICATE FOR CREMATION OR BURIAL (Details to be entered if certificate issued) | | | | | |
| Type of certificate | | | |  | | | | | | | |
| Issued on | | | |  | | | | | | | |
| To | | | |  | | | | | | | |
| Address | | | |  | | | | | | | |
|  | | | |  | | | | | | | |
|  | | | | Is a histological or bacteriological examination to be made? | | | | | | | |
|  | | |  | | | | | | | | |
|  | | | | | |  | | | | |
| Date | | | |  | | | | | | |
| Certified by: Coroner name | | | |  | | | | | | |
| Signature | | | |  | | | | | | |
| Coroner designation | | | |  | | | | | | |
| Coroner area | | | |  | | | | | | |

# Order for burial

To: «AllocatedFuneralDirectorName»

Address:«AllocatedFuneralDirectorFullAddress»

Coroner’s order for burial

I authorise the burial of C.D. (insert name)

Aged, (insert age)

Who died at, (insert time and place)

On, (insert date)

|  |  |
| --- | --- |
| 1. Was any hazardous implant placed in the body (e.g. a pacemaker, radioactive device or ‘Fixion’ intramedullary nailing system)? | Yes No  Don’t know |
| 1. If 'Yes’ to question I, please state whether it has been removed? | Yes No  Don’t know |
| 1. If the answer to question II is either ‘No’ or ‘Don’t know’, please give details of device type and location. | |
|  | |

Date:

Signature:

Coroner:

Any intention to remove the body out of England and Wales must be notified to the Coroner in advance of removal.

A form for giving notice may be obtained from the Coroner or the Registrar. This certificate will authorise the burial in

a burial ground of the remains of a still-born child. This certificate is of no use for cremation.

NOTIFICATION OF BURIAL TO REGISTRAR

1. Order Issued by the Coroner for «AuthorisingUserJurisdiction»

2. The burial must be notified on this form to the Registrar of Births and Deaths at «AllocatedRegistrar»

This is to notify that the body of «BodyFullName»

deceased, who died on «BodyDateOfDeathDayFirstLong»

at «BodyPlaceOfDeathAddressNoPostcode»

was buried on:

at:

Signature :

On behalf of:

Date:

# Form Cremation 6 (Certificate of coroner)

Certificate of coroner Cremation 6

05.24

replacing Cremation 6 issued in 2022

Please complete this form in full. If a part does not apply enter ‘N/A’.

Part 1 Details of the deceased person

Full name

Age at date of death Sex

Place of death or where body found

Date of death

Male Female

Registration district and sub-district in which the death is to be registered

Cause of death or insert unascertained

1. (a) Disease or condition directly leading to death (this does not mean the mode of dying, it means the disease, injury, or complication which caused death)

(b) Other disease or condition, if any, leading to (a)

(c) Other disease or condition, if any, leading to (b)

(d) Other disease or condition, if any, leading to (c)

04.24

Regulation 16(c)(ii) of the Cremation (England and Wales) Regulations 2008

1. Other significant conditions contributing to the death but not related to the disease or condition causing it.
2. Was any hazardous implant placed in the body (e.g. a pacemaker, radioactive device or ‘Fixion’ intramedullary nailing system)?

Yes No

Don’t know

1. If yes to question III, please state whether it has been removed? Yes No

Don’t know

1. If the answer to question IV is either No or Don’t know, please give details of device type

and location.

Part 2 Certification of coroner

I certify that:

I have or had a duty under section 1 of the Coroners and Justice Act 2009 to conduct an investigation into the death of the deceased person, or

the death of the deceased person occurred outside the British Islands and no coronial investigation into the person’s death is necessary,

and the body of the deceased person does not need to be retained for the purposes of a coronial investigation into the person’s death.

Print your full name

Signed Coroner area

Date

continued over the page

Cremation 6 2

Part 3 Notification by Registrar of cremation

(Section 3(1) of the Births and Deaths Registration Act 1926)

Name of deceased person

Date of death

Place of death

was cremated on

Name of crematorium

Print your full name

Signed Dated

Cremation 6 3

# 99(REV)A Coroner’s Certificate after Inquest

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| CORONER’S CERTIFICATE AFTER INQUEST | |  | To be completed by Registrar | | |
|  | District & SD Nos | |  |
|  | Register No. | |  |
|  |  |  | Entry No. | XXXXXXXXX | |

|  |  |  |
| --- | --- | --- |
| To the |  | Registrar of Births and Deaths |

|  |
| --- |
| Inquest held on  at  Was a post-mortem held? |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| PART I PARTICULARS OF DECEASED (Not stillborn – see separate Form 99A) | | | | |
| 1. Date and place of death | | |  | |
| 2. Name and surname | | |  | 3. Sex |
| 5. Date and place of birth | | | | 4. Maiden surname of woman who has married |
| 6. Occupation and usual address | |  | | |
| Cause of death | I(a)  (b)  (c)  (d)  II  Conclusion | | | |
| Ethnicity (if known) | | | | |
| Was the deceased pregnant within the year prior to their death? | | |  | |
| Did the pregnancy contribute to the death? | | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| PART III BURIAL/CREMATION | |  | Ϯ Enter Order for Burial/Certificate 6 for Cremation |
| I have issued ϯ |  | | |
|  | 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 Civil Partner 6 Surviving Civil Partner 7 Civil Partnership Dissolved  8 Not Known    If married enter date of birth of surviving spouse                             Day  Month Year  If in a civil partnership enter date of birth of surviving civil partner     XX   XX       XXXX | | |  |  |
|  |
|  |
|  | |  | | |
| I certify that the findings of the inquest were as above | |  | | |
| Date | Signed | | | |
| Coroner name |  | | | |
| Coroner designation |  | | | |
| Coroner area |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name and surname of the deceased person |  | To be completed by Registrar | | |
|  | District & SD Nos | |  |
|  | Register No. | |  |
|  |  | Entry No. | XXXXXXXXX | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| PART V ACCIDENT OR MISADVENTURE (Including deaths from neglect or anaesthetics) | | | | |
| 1. Place where accident occurred ϯ | | | | |
|  | 0. Home | 5. Street or highway |  |  |
|  | 1. Farm | 6. Public building |  |  |
|  | 2. Mine or quarry | 7. Resident institution |  |  |
|  | 3. Industrial place or premises | 8. Other specified place |  |  |
|  | 4. Place of recreation or sport | 9. Place not known |  |  |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 2. To be completed for all persons aged 16 and over | | | | |
|  | 1. On way to, or from work |  |  |  |
|  | 2. At work |  |  |  |
|  | 3. Elsewhere |  |  |  |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 3. Details of how accident happened: | | | | |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 4. If motor vehicle incident, deceased person was ϯ | | | | |
|  | 0. Driver of motor vehicle other than motor cycle | 5. Rider of animal; occupant of animal-drawn vehicle |  |  |
|  | 1. Passenger in motor vehicle other than motor cycle | 6. Pedal cyclist |  |  |
|  | 2. Motor cyclist | 7. Pedestrian |  |  |
|  | 3. Passenger on motor cycle | 8. Other specified person |  |  |
|  | 4. Occupant of tram car | 9. Not known |  |  |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 5. Interval between injury and death ϯ | | | | |
|  | 1. Less than one year | 2. One year or more |  |  |
|  |  |  |  |  |

Ϯ Please insert appropriate number in box

# 120A Coroner’s Certificate after Suspension of Investigation and any Inquest Adjourned

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| CORONER’S CERTIFICATE AFTER SUSPENSION OF INVESTIGATION AND ANY INQUEST ADJOURNED | | | |  | To be completed by Registrar | | | | |
|  | District & SD Nos | | |  | |
|  | Register No. | | |  | |
|  | | | |  | Entry No. | | XXXXXXXXX | | |
| To the |  | | | Registrar of Births and Deaths | | | | | |
|  | | | |  | |  | | |  |
| Investigation commenced:  Reason for suspension:  Was a post-mortem examination held? | | | | | | | | | |
|  | | | |  | |  | | |  |
| PART I PARTICULARS OF DECEASED | | | |  | |  | | |  |
| 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 | | | | | | | | | |
| Cause of death I(a)  (b)  (c)  (d)  II | | | | | | | | | |
| Ethnicity (if known) | | | | | | | | | |
| Was the deceased pregnant within the year prior to their death? | |  | | | | | | | |
| Did the pregnancy contribute to the death? | |  | | | | | | | |
|  | | | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| PART III BURIAL/CREMATION  I have issued ϯ  on  to  of | | ϯEnter Order for Burial/Certificate for Cremation | | |
|  | |  | | |
| 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 Civil Partner 6 Surviving Civil Partner 7 Civil Partnership Dissolved 8 Not Known    If married enter date of birth of surviving spouse Day Month Year  If in a civil partnership enter date of birth of surviving civil partner XX XX XXXX | | |  |  |
|  |
|  |
|  | |  | | |
| I certify that the particulars are as given above | |  | | |
| Date | Signed | | | |
| Coroner name  Coroner designation |  | | | |
|  |  | | | |
| Coroner area |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name and surname of the deceased person |  | To be completed by Registrar | | |
|  | District & SD Nos | |  |
|  | Register No. | |  |
|  |  | Entry No. | XXXXXXXXX | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| PART V INCIDENT LEADING TO DEATH (Information for the statistical purposes of ONS only) | | | | |
| If motor vehicle incident, deceased person was ϯ | | | | |
|  | 0. Driver of motor vehicle other than motor cycle | 5. Rider of animal; occupant of animal-drawn vehicle |  |  |
|  | 1. Passenger in motor vehicle other than motor cycle | 6. Pedal cyclist |  |  |
|  | 2. Motor cyclist | 7. Pedestrian |  |  |
|  | 3. Passenger on motor cycle | 8. Other specified person |  |  |
|  | 4. Occupant of tram car | 9. Not known |  |  |
|  |  |  |  |  |

Ϯ Please insert appropriate number in box

# Form 90

COUNTERFOIL

|  |  |
| --- | --- |
| Name of deceased person…………………….………………………………………. | Date of death…………………………. |
| Place of death ………………………………………………………………………………………………………………………… | |
| By whom reported ……………………………………………………………………………………………………………………… | |
| Notification sent to registrar on ………………………………………………………… | |

**NOTIFICATION TO THE REGISTRAR BY THE CORONER**

THAT HE DOES NOT PROPOSE TO COMMENCE OR RESUME AN INVESTIGATION UNDER SECTION 1 OF THE CORONERS AND JUSTICE ACT 2009 (CJA 09)

(Deceased connected with visiting forces, or headquarters or defence organisation)

|  |  |  |
| --- | --- | --- |
|  | Entry No.  To be completed by registrar | XXXXXXXXX |

**Particulars of deceased person**

|  |  |  |
| --- | --- | --- |
| Name and Surname …………………………….…………………………………………….. | | Age …………………………. |
| Date of death ………………………………………………… | Place of death ………………………………………………….. | |

The circumstances of the death of the above person have been reported to me and I am satisfied that the deceased person had, at the time of death, a relevant association with a visiting force within the meaning of Section 7 of the Visiting Forces Act 1952 or with an international headquarters or defence organisation within the meaning of paragraph 6 of the schedule to the International Headquarters and Defence Organisation Act 1964.

The following statement applies\*

a) s.1 CJA 09 is engaged, but I have not been directed by the Lord Chancellor to investigate the death;

b) I commenced an investigation, but it has been suspended; or

c) s.1 CJA 09 is not engaged, and regulation 15(2)(b) of The Medical Certificate of Cause of Death Regulations 2024 applies.

+ The cause of death was :

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I (a) |  | | | |
| due to (b) |  | | | |
| due to (c) |  | | | |
| due to (d) |  | | | |
| II |  | | | |
| Ethnicity (if known) | | | | |
| Was the deceased pregnant within the year prior to their death? | | |  | |
| Did the pregnancy contribute to the death? | | |  | |
|  | |  | | |
| Coroner name  …………………………………………………  Coroner designation  ………………………………………………….. | | Coroner area …………………………….. | | Date ………………….. |

|  |  |  |
| --- | --- | --- |
| To: ………………………………………………………… | Registrar of births and deaths | |
| \* Delete if not applicable | | Form 90 |
| + Delete if not applicable | |  |

**Record of Inquest**

Record of Inquest

The following is the record of the inquest (including the statutory determination and, where required findings) –

1. Name of the deceased (if known)
2. Medical cause of death:

I(a)

(b)

(c)

(d)

II

1. How, when and where, and for investigations where section 5(2) of the Coroners and Justice Act 2009 applies, in what circumstances, the deceased came by his or her death: (see note (ii)):
2. Conclusions of the coroner/jury as to the death: (see notes (i) and (ii):
3. Further particulars required by the Births and Deaths registration Act 1953 to be registered concerning the death:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | |  |  |
|  |  |  |  | |  |  |
| 1. Date and place of birth: | | | | | | | |
| 1. Name and surname of deceased | | | | | | | |
| 1. Sex: | | | | 1. Maiden surname of woman who has married | | | |
| 1. Date and place of death: | | | | | | | |
| 1. Occupation and usual address: | | | | | | | |

Signature of coroner (and jurors):

NOTES

1. One of the following short-form conclusions may be adopted:-
2. Accident or misadventure
3. Alcohol / drug related
4. Industrial disease
5. Lawful / unlawful killing
6. Natural causes
7. Open
8. Road traffic collision
9. Stillbirth
10. Suicide
11. As an alternative, or in addition to one of the short-form conclusions listed under NOTE (i), the coroner or where applicable the jury, may make a brief narrative conclusion.

# Form 2 Notice of discontinuance

Date:

Dear

**NOTICE OF DISCONTINUANCE**

I can confirm that the investigation into the death of CD has been discontinued under section 4 of the Coroners and Justice Act 2009.

This is because the cause of death is natural and I am satisfied that it is not necessary to continue the investigation and hold an inquest.

The cause of death which I have provided to the Registrar is:

I(a)

(b)

(c)

(d)

II

You must now make arrangements to register the death.

Please contact [insert details] if you have any questions about this letter.

Yours sincerely