

**Advance registration application form**

This request for an advance registration is made under Section 6 of The Certification of Death (Scotland) Act 2011. Please complete all relevant fields below.

- 1. Name of the deceased:
- 2. MCCD serial number:
- 3. Registration district:
- 4. Registration office contact details:  
(main office telephone number)
- 5. This request for an advance registration in respect of the MCCD outlined above is being made for the following reason(s) (please tick one or more as appropriate):

Religious or cultural

Compassionate

Practical or administrative

- 6. Details of request:

(\*\*If you know the date of the funeral, please include it below\*\*)

The applicant (the informant) hereby certifies that to the best of their knowledge and belief the information contained in this advance registration application form is correct.

Name:

Signature:

Date: