



**An Roinn Coimirce Sóisialaí**  
Department of Social Protection

**Oifig an Ard-Chláraitheora**  
**General Register Office**

**Consultation on the revision of the method by  
which deaths are notified and registered in  
Ireland**



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## Public Consultation on the reform of the method by which deaths are notified and registered

### Originator

From: Department of Social Protection: General Register Office

Published: 18 February 2021

Submissions closed 12 April 2021

*The GRO will print and mail this document to you if you require. Email [gro@welfare.ie](mailto:gro@welfare.ie) to request stated your name and address.*

### Submissions

The Department of Social Protection welcomes submissions in general on this issue and, in particular, respondents are requested to consider the specific questions on page 12.

Respondents are requested to make their submissions in writing or by email. Submissions should be sent by email to [gro@welfare.ie](mailto:gro@welfare.ie) – using the word “Consultations” in the subject line.

Submissions can be posted to:

**Consultation  
General Register Office  
Government Offices  
Convent Road  
Roscommon  
F42 VX53**

Submissions should be sent to be in the GRO by the **Monday 12 APRIL 2021**.

This document is available on [www.gov.ie/consultations](http://www.gov.ie/consultations)

See [www.gov.ie/gro](http://www.gov.ie/gro)

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## GLOSSARY OF TERMS USED

TERM	DESCRIPTION
<b>GRO</b>	General Register Office. This is the State authority with responsibility for the registration and recording of life events such as births, stillbirths, marriages, deaths, adoptions, gender recognition, civil partnerships. The GRO derives its authority from the Civil Registration Act 2004.
<b>HSE</b>	Health Service Executive. This is the authority responsible for public health administration and delivery in the State. It performs and delivers a number of other functions such as the registration of life events.
<b>Life events</b>	This is a generic term that refers to the events that occur over a person's life time and that are required to be given legal recognition or to be legally recorded. They include births, stillbirths, marriages, deaths, adoptions, gender recognition, civil partnerships.
<b>Death/mortality</b>	Terms used interchangeably to describe a life event when a person dies.
<b>Relative(s)</b>	This refers to immediate family members of a deceased person generally a person connected by blood or marriage. The term includes spouse, parents, siblings, children, nieces and nephews.
<b>Qualified informant (QI)</b>	The QI is any person who is able to provide information about the deceased person and has knowledge to allow for a death to be registered. Section 37 of the Civil Registration Act 2004 defines a qualified informant as (a) a relative of the deceased who has knowledge of the required particulars concerned, (b) a person present at the death, (c) any other person who has knowledge of the required particulars, (d) if the death occurred in a building used as a dwelling or a part of a building so used, any person who was in the building or part of at the time of the death, (e) if the death occurred in a hospital or other institution or in a building or a part of a building occupied by any other organisation or enterprise, the chief officer of the institution, organisation or enterprise (by whatever name called) or a person authorised by the chief officer to perform his or her functions, (f) a person who found the body of the person concerned, (g) a person who took charge of that body, (h) the person who procured the disposal of that body, or (i) any other person who has knowledge of the death.
<b>CRS</b>	Civil Registration Service – a service performed by the HSE to register life events. The service has local offices at 60+ locations nationwide.
<b>CRCS</b>	Civil registration computer system. A computer system that records the registration of life events, holds current and historic records on

TERM	DESCRIPTION
	databases and enables the transfer for life event data to other public bodies.
<b>MCCD</b>	Medical Certificate of Cause of Death. When someone dies, a medical practitioner involved in their care has to complete a medical certificate of cause of death (MCCD), which the family take to the register office to register the death. Books of MCCDs are available to medical practitioners and hospitals from the GRO. These books have short notes at the front on how to complete the MCCD and when to refer deaths to the coroner.
<b>DNF</b>	Death Notification Form. This is the prescribed form by the GRO under the Civil Registration Act to be completed by a registered medical practitioner to fulfil the legal obligation for a death to be registered.
<b>Civil Registration Act 2004 (the Act)</b>	This Act provides for the organisation or registration services in the State. Provisions in this Act are regularly updated. The Act can be viewed at - <a href="http://www.irishstatutebook.ie/">http://www.irishstatutebook.ie/</a> .
<b>Registrar</b>	An official appointed by the Civil Registration Service to fulfil the registration duties specified in the Civil Registration Act 2004. In the case of deaths, a person appointed to complete the legal requirements with respect to the registration of deaths and the taking and inclusion of the necessary required particular in the register of deaths.
<b>Register of deaths – Death Register</b>	The register of all deaths occurring in the State or to which Part 5 of the Civil Registration Act, and in particular to which sections 38 or 39 apply.

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# 1. Overview

The loss of a close relative is a particularly difficult time for families. The completion of legal formalities, including the registration of the death, is not uppermost in the concerns they have to deal with. For many deaths, the family member, or members, who take charge of the funeral and ancillary arrangements will arrange for timely registration. Regrettably, this is not always the case.

Each year some 32,000 people die in Ireland. Unfortunately, it is not possible to give an exact count of the number of people who die in the State in a particular interval until a significant period has elapsed following death. This is because the official count of those who have died relies on the registration of the death. The delay in death registration and the reliance on death registration data for public health and public administration purposes has received little attention in recent years. However, the manner in which deaths are registered has been highlighted in recent months, particularly with respect to the need for timely death data in supporting public health measures during the Covid-19 pandemic. Data to allow for timely reporting on deaths occurring and for timely estimates of the excess deaths to be monitored are not available from public administrative sources as they are across a range of international comparator countries.

The law<sup>1</sup> provides that a death should be registered within three months of the date of death. This legal requirement is met in as little as four out of five deaths. Without legal consequence, deaths can be registered at any time following death. Such time lags have implications for the compilation of population statistics and data to support public health actions and public health and medical research. The State's sole reliance on the process of death registration to provide information on death and its causes is inconsistent with the approach applied internationally – see Additional Information at the end of this document.

**Table 1: Number of Deaths Registered and Occurring Annually 2016-2019**

	2016	2017	2018	2019
<b>Deaths registered in year</b>	31,204	31,302	31,981	32,087
<b>Number registered within three months of date of death</b>	25,708	25,943	26,338	26,259
<b>% registered within three months</b>	82.4%	82.9%	82.4%	81.8%
<b>Number of deaths occurring in the year</b>	25,958	25,763	26,447	26,426
<b>Of which deaths registered following receipt of a Coroner certificate</b>	9,299 (29.8%)	9,066 (29.0%)	9,490 (29.7%)	9,894 (30.8%)

Source: GRO

The General Register Office has been tasked with developing proposals to address deficiencies in the current death registration process which have been highlighted in recent

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<sup>1</sup> See Part 5 of the Civil Registration Act 2004, as amended - <http://www.irishstatutebook.ie/>

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years and reinforced by recommendations made by the World Health Organization (WHO) and the National Public Health Emergency Team (NPHE). A Working Group consisting of representatives of a number of agencies (see the end of this document for a list of the agencies) has developed proposals and wishes to consult with those with an interest before final proposals are made to, and considered by the Government.

## The importance of mortality data

With fertility and migration, mortality data are one of the three key constituents of population change and study. All three factors help determine the change in population, be that aging, size and responses to illness and disease. Mortality data are particularly useful in determining current demographic conditions as well as for determining future prospects and trends.

Of current importance, given the public health measures necessary to manage the Covid-19 Pandemic, public health management depends heavily on the study of mortality and access to good quality and timely data. Data on death in the population and the cause of death provide valuable insights to support the formulation, implementation and evaluation of public health plans, measures and outcomes.

Good quality, complete, and timely information on deaths is an essential contributor to public health management, disease prevention, diagnosis and treatments.

To illustrate, timely mortality information can be used to help:

- Identify unexpected increases and peaks in deaths
- Understand more about diseases, their risks and causes
- Provide information on what sectors of our population are vulnerable, or more vulnerable than others
- Provide researchers and public health planners with quality data to enable assessments of risk and a public health response to be developed
- Planning for health care and the locus of delivery
- Improve patient safety and outcomes
- Understand the domestic situation when compared with international experience
- Support better public service delivery.

Data on deaths registered by the GRO are provided to a range of Government Departments and public agencies in Ireland and via the Central Statistics Office (CSO) and Department of Health and HSE, to international bodies such as the World Health Organization, the European Centre for Disease Prevention and Control and Eurostat.

The CSO uses death data to meet the State's domestic and international obligations to prepare statistics. Data made available to the Health Services Executive are used to support the protection of public health and to inform medical and public health planning and responses. Death data are used by local authorities to ensure that voter registers are up to date. The Department of Social Protection uses death data to manage pension and other social welfare payments and to limit overpayments of entitlements.

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## Legal framework

Every death that occurs in the State must be recorded and registered. The legal obligation to register a death rests with the relatives of the deceased. The GRO/CRS records all deaths registered since registration of deaths commenced in 1865. Copies of death certificates are available from any Civil Registration Office or the GRO. Historic death registration records from 1870 to 1969 are available free for public access on [www.irishgenealogy.ie](http://www.irishgenealogy.ie).

The legal requirement with respect to the registration of deaths is set out in Part 5 of the Civil Registration Act 2004, as amended. Section 37(1) provides that where a death occurs in the State, it is the duty of a relative of the deceased who has knowledge of the required particulars in relation to the death to register the death. The GRO has provided a Death Notification Form by which the required information is made available to the registrar. Part 1 of this Form enables the medical practitioner to certify the medical cause of death if there is no requirement for a referral to a Coroner.

If no relative can be found or a relative is incapable through infirmity, age, ill health or other incapacity to complete the process of death registration, compliance with the legal obligation to register a death can be undertaken by other qualified informants specified in the Act<sup>2</sup>.

The Act requires that deaths must be registered within three (3) months from the date of the death. Around 40% of deaths are registered within one month of the date of death with approximately half of the remaining that do not involve referral to a Coroner being registered in the following two months. The result is that a sizeable number of deaths go unregistered for a period well past the three month legal timeframe. One consequence of the current system is that it is not possible to establish the precise number of persons who die in the State annually.

Notwithstanding the provision that notice can be served on any qualified informant requiring him or her to register the death, this is somewhat impracticable in situations where there is a death has occurred and no relatives or other qualified informant takes responsibility to register the fact.

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<sup>2</sup> Section 37(5) define “qualified informant”, in relation to a death, as— (a) a relative of the deceased who has knowledge of the required particulars concerned, (b) a person present at the death, (c) any other person who has knowledge of the required particulars, (d) if the death occurred in a building used as a dwelling or a part of a building so used, any person who was in the building or part at the time of the death, (e) if the death occurred in a hospital or other institution or in a building or a part of a building occupied by any other organisation or enterprise, the chief officer of the institution, organisation or enterprise (by whatever name called) or a person authorised by the chief officer to perform his or her functions, (f) a person who found the body of the person concerned, (g) a person who took charge of that body, (h) the person who procured the disposal of that body, or (i) any other person who has knowledge of the death.

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## 2. Proposed changes

### Current process

The death registration process is undertaken by relatives of the deceased (or others, as already mentioned). A Death Notification Form<sup>3</sup> is provided by a registered medical practitioner to the relatives containing information on the medical cause of death. The relatives then complete this form with personal information relating to the deceased. Finally, the form is given to a registrar who enters the information in the Register of Deaths. Following registration, a death certificate can issue to the relatives.

A medical practitioner must be satisfied about the cause of death before he/she can certify it. If the medical practitioner did not attend the deceased at least 28 days before the death occurred, or if they are not satisfied about the cause of death, they have an obligation to inform a Coroner. The Coroner will determine if a post-mortem is necessary or conduct other enquires, and/or an inquest, to determine the cause and other circumstances of death.

Where a death is required to be referred to a Coroner, the Coroner will determine if further investigation or enquires are needed or direct that the medical practitioner complete the MCCD and issue the DNF to the relatives. In cases where further investigations are needed by the Coroner, a Coroners Certificate will be issued to the registrar on completion of enquires and this will enable the death to be registered.

The onus to meet the legal requirements to register a death falls to relatives or others in their absence and is prone to delay. There is no independent notification of death to a public authority and no duty on any person other than the relative (or other qualified informant) in respect of notifying a death.

### Proposal

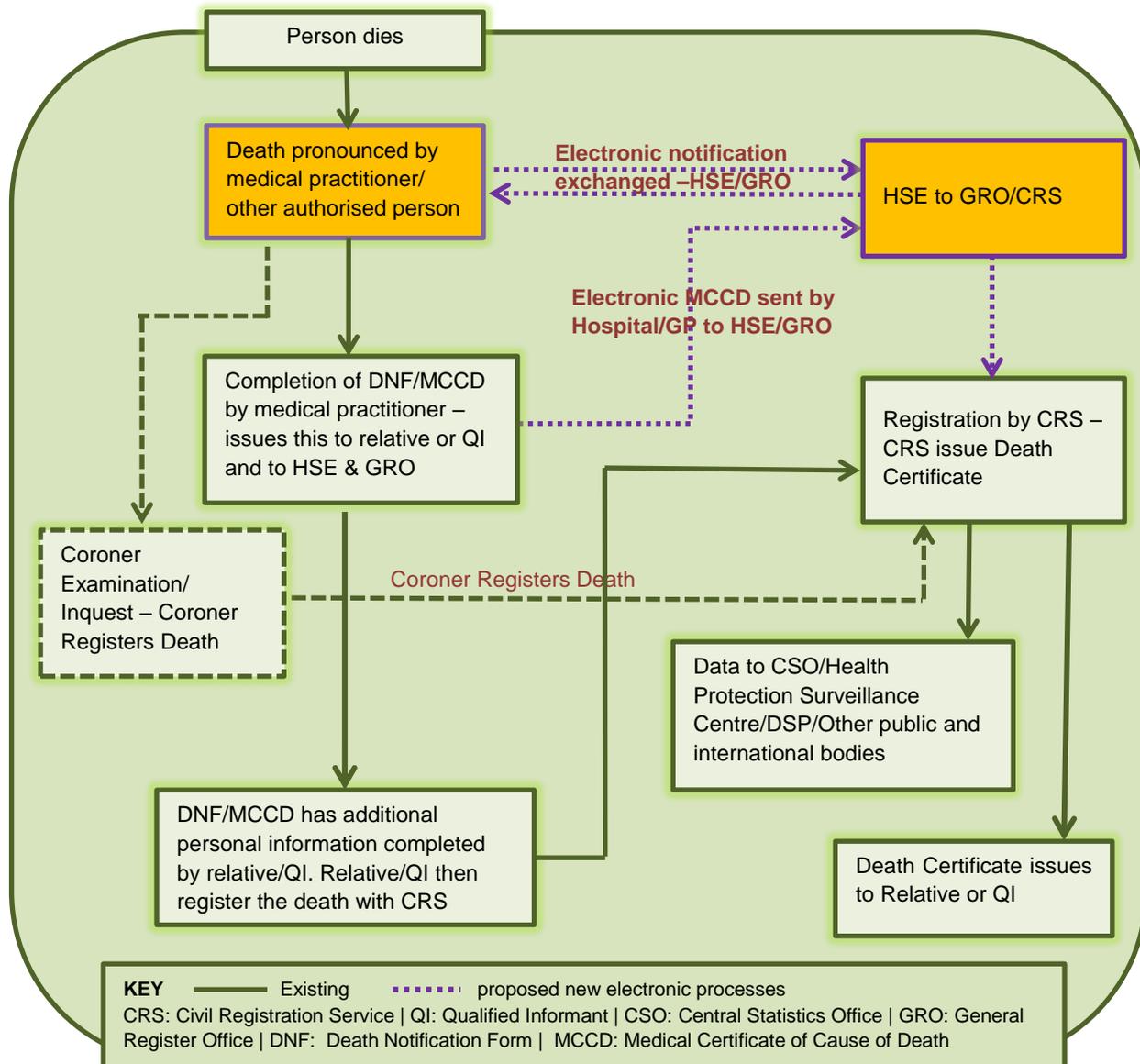
It is proposed to provide for a three-stage death registration process, largely based on electronic exchange of data between the parties. The outline proposed consists of a notification of death stage whereby the HSE/GRO will receive notification that a person is deceased. In the majority of cases the identity of the deceased will be known but provision will be made for cases where a deceased person cannot be immediately identified.

It is intended that the systems to be deployed should enable registered medical practitioners to complete the MCCD electronically and to have this information sent to the HSE and GRO and provided to the relatives. Relatives will be able to complete the additional information required on the deceased and to register the death.

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<sup>3</sup> DNF- a standardised pre-printed form provided by the GRO to medical practitioners, hospital managers and administrators. The DNF incorporates a section to allow for medical practitioners to complete a Medical Certificate of the Cause of Death (MCCD).

Figure 1 – Schematic of proposed changes



## MCCD

As with the current arrangements, the registered medical practitioner who attended the deceased in their final illness completes the MCCD.<sup>4</sup> The contents of the MCCD comply with WHO recommendations to ensure comparability for epidemiological purposes

<sup>4</sup> S.42.—(1) On the death following an illness of a person who was attended during that illness by a registered medical practitioner, the practitioner shall sign and give to a qualified informant (within the meaning of section 37) a certificate stating to the best of his or her knowledge and belief the cause of the death, and the informant shall give the certificate to any registrar together with the form specified in section 37 (1) containing the required particulars in relation to the death. (2) Where a registrar is given a certificate under subsection (1), the registrar shall enter in the register, together with the required particulars—

- (a) the cause of the death concerned stated in the certificate, and
- (b) the name and address of the registered medical practitioner concerned.

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internationally<sup>5</sup>. The information recorded on the MCCD includes the name, address, date of birth and other information of the deceased, the date and place of death, when the deceased was last seen alive by the certifying medical practitioner, the cause(s) of death and whether it may have been contributed to by the employment of the deceased at some time, and whether the certified cause of death takes account of post-mortem findings. A part of the development proposed, the medical practitioners should be enabled to complete the MCCD electronically.

It is important to note that the MCCD provides a permanent legal record of the facts of death. Information gathered at this stage is used to measure the relative contributions of different diseases to mortality.

## Proposed process

It is proposed to introduce a revised process to consist of three elements or stages. These elements combined will replace the existing registration process. In this document we refer to these elements or stages as:

**Notification stage** – this is completed by the registered medical practitioner who pronounces death. This notification will be communicated electronically to the HSE within 24 hours of the date of death.

**Medical certification of cause of death (MCCD) stage:** This remains unchanged from the current process whereby the registered medical practitioner who attended the deceased before their death completes a MCCD. It is proposed that the MCCD should be sent electronically to the HSE within five (5) calendar days of the date of death with provisions for extensions where the MCCD cannot be completed due to the need to determine the cause of death or where there is a referral to a Coroner. An electronic system whereby the MCCD can be submitted will be provided by the HSE to enable completion of this stage.

**Registration stage:** As at present whereby the relative of the deceased, or other qualified informant in the absence of a relative, provides the personal information required on the deceased to a registrar to allow the death to be registered and a death certificate to issue. It is proposed that registration should be done within five (5) working days of receipt by the relative of the MCCD from a medical practitioner.

It is not proposed to make any change to the current processes whereby a death is required to be referred to a Coroner for investigation under the Coroners' Act in the case of a sudden and/or unexplained death and the other circumstances set out referral.

## Notification stage

The introduction of a notification stage is new. It is proposed that the registered medical practitioner or other medical professional permitted to pronounce death, notifies the HSE via

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<sup>5</sup> See: <https://apps.who.int/iris/handle/10665/40557>

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electronic means that a person has died within 24 hours of the date of death (provision will also be made for other channels of notification in the absence of electronic notification). Work is in progress on putting in place an online/electronic system to allow for the medical practitioner pronouncing death to provide basic identifying information to the HSE. The information to be provided at this notification stage will consist of a basic data set identifying the medical practitioner pronouncing death and the identity of the deceased (the system will allow for cases where the deceased is not immediately identified). A sample of the data that will be required is set out at the end of this document.

## **Medical certification of cause of death stage**

As at present, once completed, a copy of the MCCD will be given to the relatives, or qualified informant in their absence, to allow for the death to be registered. Once available in electronic format, it will be possible to send the completed MCCD to the HSE in addition to making it available to the relatives.

Two key changes are proposed: One is to provide for electronic means by which the MCCD can be completed. The other is to require that the MCCD should be completed and submitted within five (5) calendar days after the date of death. No other changes are proposed and current guidance available to medical practitioners in completing this component of the death registration process will remain unchanged.

## **Registration stage**

As present, it is the legal duty of a relative of the deceased, or other qualified informant in the absence of a relative, to register the death within three (3) months of the date of death. This is achieved by a Death Notification Form (DNF) being submitted to a registrar and making a declaration as to the correctness of the information provided.

Other than changes to the layout and presentation of the DNF, the key change being proposed is that the legal requirement to register a death within three (3) months of the death of death will be reduced to five (5) working days from receipt of the MCCD from the medical practitioner certifying the death.

Together, the timeframe for registration of a death will be reduced from three months currently to around two weeks from date of death.

## **Referral to Coroner**

The proposed new processes for death notification and separate MCCD stages should not impact on the current practices of referring cases to Coroners for examination or have implications for the interaction between Coroners and medical practitioners and others who refer cases. Allowance will need to be made within the timeframes proposed for notifying a death and completion of the MCCD where a death requires consultation with a Coroner.

Coroners have duties to investigate deaths which are reported or referred to them where a person dies in prescribed circumstances. Deaths of a suspicious, violent or unnatural nature, where death has occurred in a nursing home, place of detention or other residential

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care setting as well as certain deaths in hospital, deaths from certain infectious diseases, all neonatal, maternal and certain stillbirths must be referred to a Coroner under law.

In the case of a death referred to a Coroner, he or she may direct that the medical practitioner complete and sign the MCCD or may direct that a post-mortem examination be carried out. Following this the Coroner may complete a Coroners Certificate to allow the death to be registered or hold an inquest (following which a Coroner's certificate will be completed). In certain categories of deaths an inquest is mandatory under law. The principal responsibility of the Coroner is to establish the identity of the deceased, where and when they died, the medical cause of death and in what circumstances they died.

Revised arrangements will need to be made with Coroners with respect to how deaths are notified in circumstances where:

- The identity of the deceased cannot be readily established within 24 hours of pronouncement of death
- Decomposed bodies where identity is not known
- Bodies located where identity and date/time and other circumstances of death requires to be determined.

## Rationale for change

There are a number of weaknesses in the current arrangement for death registration which it is proposed to address. Addressing these matters will require a change in current practice and involve the introduction of new processes and the revision to some existing processes. Other opportunities for improvements can be realised as a result of the changes identified, including facilitating electronic exchange of information and the provision of online facilities.

The proposals are designed to address the following matters:

- Removing some of the burden from the relatives or qualified informants in the death registration process
- Ensure early notification that a death has occurred
- Introduce independent notification that a death has occurred
- Shorten the time between death and registration of the death
- Improve information flow and timeliness of information on death to support public health response and management
- Address weaknesses in reporting obligations to the public and to domestic and international public health partners
- Remove reliance on paper based processes which are prone to risk of error and to establish the channels for electronic processes and online registration processes
- Allow for the electronic exchange of death data between medical practitioners/medical institutions and central public agencies which does not exist at present.

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## Impacts

The proposed changes will have a number of positive impacts, both strategic and operational, on current practices. The following high level impacts have been identified:

- Improved interaction with State agencies for families in what is a difficult time
- Contribute to the eHealth<sup>6</sup> digital strategy for the State.
- Address the recommendation of the National Public Health Emergency Team to reduce the timeline for the registration of deaths in Ireland
- Implement the WHO recommendations to Ireland to provide for a digital death notification process.
- Provide for improvements in the quality and timeliness of death data, in particular to support public health response and management.
- Reduction in time of receiving a death notification from an average of two months currently to near real time.
- Support medical practitioners by providing electronic means for providing information relating to deaths. In future, this will also enable feedback to practitioners on death certification guidelines and quality.
- Introduction on new legal duties on medical practitioners and hospital administration to adhere to the timeframes proposed for the completion of death notification and the medical certification of cause of death.
- Reduction on time to register a death from three months to within five working days of receipt of a MCCD to register a death.

A number of positive operational impacts will result from the implementation of these proposals. These impacts have been identified, but not limited to:

- Changes to existing practices associated with the medical certification and registration of deaths
- Deployment of new electronic tools to existing GP management practice and hospital management systems or alternatives, to allow for the electronic notification of deaths and enable the completion of the MCCD electronically
- Shortening of the time allowed for the registration of deaths
- Improved technologies in the HSE and GRO to receive and process data from the notification and medical certification of death stages to enable online registration systems to be developed to support relatives
- Improved timeliness of death related statistics
- Alignment with international practice.

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<sup>6</sup> eHealth (Electronic Health) involves the integration of all information and knowledge sources involved in the delivery of healthcare via information technology-based systems. This includes patients and their records, caregivers and their systems, monitoring devices and sensors, management and administrative functions. It is a fully integrated digital 'supply chain' and involves high levels of automation and information sharing.

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## Changes to the Civil Registration Act 2004

It is proposed to amend the Civil Registration Act 2004 to underpin the proposed changes. This will result in the introduction of new statutory duties on registered medical practitioners and others who have responsibilities to:

- Notify a death within 24 hours of the date of death where they are present to pronounce the death
- Complete the medical certificate of cause of death within five calendar days of the date of death
- Transmit information on death to the HSE and from HSE to the GRO
- Reduce the time period to register a death by relatives or other qualified informants from three months to five working days on receipt of the medical certificate of cause of death.

Other changes to the Act may be required to ensure compliance with GDPR, data privacy and data sharing to protect the exchange of personal information between parties, including the use of the Individual Health Identifier and the Personal Public Service Number (PPSN) of the deceased.

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## 4. Why this consultation?

The GRO has been tasked with undertaking this consultation and to develop proposals for Government to make changes to the existing death registration process.

This consultation is intended to inform changes to the registration system with the primary focus on providing a more comprehensive and timely record of those who die in the State, specifically, to address delays in compiling information on deaths, to support public health management, and to facilitate relatives in the death registration process.

Submissions are invited from interested bodies and members of the public who wish to express an opinion or make a submission in developing this policy initiative and the resultant operational and legislative changes outlined.

### Consultation Period

The consultation period will run until close of business on the **Monday 12 APRIL 2021**. There is a risk that submissions received after this date may not be considered.

### How to Respond

You should make your submission in writing, preferably electronically as a word or a pdf document by email marked "Consultation". The email address is [gro@welfare.ie](mailto:gro@welfare.ie). Submissions may also be mailed to the GRO:

**Consultation  
General Register Office  
Government Offices  
Convent Road  
Roscommon  
F42 VX53.**

### Freedom of Information

Contributors to this consultation should note that all responses to this consultation are subject to the provisions to the Freedom of Information Acts and will be published by the Department of Social Protection in their entirety.

Personal information should not be provided and any personal information which you volunteer may be published. Any material which you do not wish to be made public should be omitted.

Material or information that is regarded as commercially sensitive by you should be omitted. However, if you provide it you should clearly identify the material and the reason for its sensitivity and why it should not be published or made available under the Freedom of Information Act. In the event of a request under the Freedom of Information Act, the Department will consult with respondents about information identified as commercially sensitive before making a decision on such a request.

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## Format of submissions

Submissions are welcome from individuals and from representative bodies.

Ideally, submission should be precise and not exceed 2,000-2,500 words in length and focus on the proposals and avoid addressing wider issues. Each submission should include a short introduction section setting out the background of the individual or body making the submission. You do not need to print reference document you may use – it will be sufficient to include the url address or weblink in the document submitted. Respondents may wish to address the questions set out in the following section.

## Consultation Questions

Those making submission may wish to address the following questions. This will help with analysing the responses.

1. In overall terms, are you satisfied that the proposals address the need to revise the death registration process to make for a timelier process?
2. Specifically, do the proposals represent an acceptable solution to the need for earlier notification of deaths to support public health monitoring and enhanced public service delivery?
3. Are you confident that electronic means of submitting death notifications and MCCD can be operationalised by medical practitioners at by hospitals and care personnel on the one hand and the HSE/GRO on the other? Do alternatives to electronic means need to be considered and what should these be?
4. These proposals will introduce new statutory duties on medical practitioners and hospital administrators to notify and certify deaths within new timeframes. Are these balanced and are they proportionate to the identified benefits that will flow if the proposals can be implemented?
5. Are you satisfied that the new duties should be reflected in future changes to the Civil Registration Act?

You are invited to submit any other views or comments on the issues raised in this consultation.

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## Additional information

### International comparisons

Country	Notification or registration period applied
Austria	Death must be register on the day following death
Belgium	No period specified
Bulgaria	Death must be notified to a registrar with 48 hours of death
Cyprus	Death must be registered immediately following death
Czech Republic	Death must be notified within 3 working days
Denmark	Death must be notified immediately following death (electronically)
England & Wales	Death must be registered within 5 days
Finland	Death must be registered immediately following death
France	Death must be notified with 24 hours of death except weekends
Germany	Death must be registered within 3 days
Greece	Death must be notified within 24 hours
Italy	Death must be notified within 24 hours
Latvia	Death must be registered with 6 days
Lithuania	No requirement, practice is to register but usual done within 3 days
Luxemburg	Death must be notified within 24 hours
Netherlands	Death must be registered within 6 days
Northern Ireland	Death must be registered within 5 days
Portugal	Death must be notified within 48 hours
Romania	Death must be notified within 3 days
Scotland	Death must be registered within 8 days
Slovakia	Medical Examiner must notified register within 3 days
Slovenia	Death must be notified within 2 days
Spain	Death must be registered with 24 hours
Switzerland	Death must be notified within 2 days

Source: HPSC, GRO

### Agencies participating on the Working Group

General Register Office, Department of Employment Affairs and Social Protection
Central Statistics Office
Health Services Executive, Office of the Chief Information Officer
Health Services Executive
Department of Health
Department of Justice – Coroners Service
Coroner Service
Health Protection Surveillance Centre
National Emergence Health Protection Team

## Sample data requirement for death notification

Field	Mandatory	Value	Comment
Medical Council Number & Practice ID	Yes		GP's Medical Council Number & Practice ID
Patient Identifier	No	1234567A	Patient identifiers. Can include IHI, PPSN, if known.
Patient Name	Yes	Varchar(50)	Formal name and any alias
Date of Birth	Yes	YYYYMMDD	Min: 19000101 Max: current date
Gender	Yes	F, M, O	F for female, M for male, O for other
Address	Yes	Five lines of address including Eircode, each line Varchar(30)	Home address or previous residence, not address of medical facility or care home
Patient Death Date	Yes	YYYYMMDD	Max current date
Patient Death Time	Yes	HH:MM	
Approximate patient death date and time	Yes	Yes/No	No: where date and time of death cannot be determined when death is pronounced



