

Seychelles

Civil Status Act

Civil Status (Medical Certificate of Cause of Death) Regulations, 2022 Statutory Instrument 56 of 2022

Legislation as at 5 May 2022

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Civil Status (Medical Certificate of Cause of Death) Regulations, 2022
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Seychelles

Civil Status Act

Civil Status (Medical Certificate of Cause of Death) Regulations, 2022

Statutory Instrument 56 of 2022

Assented to on 20 April 2022

Commenced on 5 May 2022

[This is the version of this document from 5 May 2022.]

In exercise of the powers conferred by sections 2 and 165 of the Civil Status Act, as amended, the Minister responsible for Civil Status makes the following regulations—

1. Citation

These regulations may be cited as the Civil Status (Medical Certificate of Cause of Death) Regulations, 2022.

2. Medical Certificate of Cause of Death

The certificate set out in Schedule 1 shall be the Medical Certification of Cause Death for the purposes of the Act.

3. Variation of certificate

The Principal Secretary responsible for health may modify, alter or add such words or phrases to the certificate contained in Schedule 1 and any such variation shall not affect the validity or regularity of the certificate.

Schedule 1 (Regulation 2)
Medical Certificate of Cause of Death

ADMINISTRATIVE DATA				
1. FIRST NAMES		2. LAST NAME		3. SEX
4. DATE OF BIRTH	5. PLACE OF RESIDENCE	6. OCCUPATION		7. NATIONALITY
8. NATIONAL IDENTITY NUMBER/ PASSPORT NUMBER		9. DATE OF DEATH		10. TIME OF DEATH
11. PLACE OF DEATH (Check one only) HOSPITAL# Inpatient # ER/Outpatient # DOA		OTHER # Institution# Residence# Other (Specify)		12. FACILITY NAME
FRAME A				
<p>13. PART I. Enter condition, disease or injury that caused death. Do not enter mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line. The condition thought to be the underlying cause of death should appear last.</p>				<p>Approximate time interval between onset and death _____</p>
<p>1(a) Final disease or condition leading to death (immediate cause of death)</p> <p>1(b) Other disease or condition if any leading to a</p> <p>1(c) Other disease or condition if any leading to b</p> <p>1(d) Other disease or condition if any leading to c</p>	<p>a. _____</p> <p>b. _____</p> <p>c. _____</p> <p>d. _____</p>			
<p>14. PART II. Other significant conditions leading to death but not resulting in the underlying cause given in Part I _____</p>				<p>15. WAS AN AUTOPSY PERFORMED? # Yes # No</p>
				<p>16. WERE AUTOPSY FINDINGS USED IN COMPLETING THIS CERTIFICATE? # Yes # No</p>

FRAME B			
17a. WAS SURGERY PERFORMED DURING LAST 4 WEEKS?# Yes # No # Unknown	17b. IF YES SPECIFY DATE OF SURGERY		17c. IF YES SPECIFY REASON FOR SURGERY (Disease or condition)
18. MANNER OF DEATH # Natural # Accident # Suicide # Homicide # Pending investigation # Could not be determined	19a. DATE OF INJURY	19b. TIME OF INJURY	19c. INJURY AT WORK?# Yes # No
	19d. DESCRIBE HOW INJURY OCCURRED		
	19e. PLACE OF INJURY - at home, farm, street, factory, office building, construction site etc.		
19f. LOCATION OF INJURY (geographical location)			
20a. IF FEMALE: # Not pregnant, but pregnant within 42 days of death # Not pregnant within past year # Pregnant at time of death # Not pregnant, but pregnant 43 days to 1 year before death # Unknown If pregnant within the past year	21. IF FOETAL OR INFANT DEATH: 21a. Multiple pregnancy# Yes # No# Unknown 21b. Stillborn# Yes # No# Unknown 21c. If death within 24 hours specify number of hours survived:		21d. BIRTH WEIGHT IN GRAMMES:
			21e. AGE OF MOTHER IN YEARS:
20b. DID THE PREGNANCY CONTRIBUTE TO THE DEATH? # Yes # No# Unknown	21f. IF DEATH WAS PERINATAL, PLEASE STATE CONDITIONS OF MOTHER THAT AFFECTED THE FOETUS OR NEWBORN:		
22. NAME OF CERTIFYING PHYSICIAN	23. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) and manner stated.		
24. STAMP/REGISTRATION NUMBER	25a. NAME AND TITLE 25b. SIGNATURE 25c. DATE		

MADE this 20th day of April, 2022.

Errol Fonseka

Minister of Internal Affairs