



Roles and responsibilities in death verification and certificates

Verification of death

- The act of establishing that a person is dead and recording the time, place, and date of that assessment.
- Established through clinical assessment for the absence of signs of life by:
 - Registered medical practitioners.
 - Nurse practitioners, registered nurses, enrolled nurses
 - Registered midwives
 - Registered paramedics
 - Emergency medical technicians
 - Police specialists (disaster victim identification / search and rescue / dive squad / maritime police specialist)
- If not clear and unequivocal, clinical assessment will include physical examination of the chest and pupils.
- Verification of death doesn't have legal status. This requires MCCD.

Certifying a death (cause of death certificate - MCCD)

- MCCD (HP4720) is the legal document confirming who, when, where, and why.
- Required before embalming, burial, or cremation.
- Only doctors or nurse practitioners can certify.
- Must be done immediately (generally within 24 hours). Note, the certifying practitioner can provide verbal assurance to Police overnight if they fill in the MCCD in the morning.

Which deaths *can* practitioners certify?

- Deaths resulting from illness, where the attending practitioner (in person or Telehealth) during the illness is satisfied that the death was a consequence of that illness.
- Deaths for those over 70 who die as a result of an accident (note not an accident that is reportable to the coroner) where:
 - Accident resulted from physical problems linked to the person's age
 - The death is not suspicious
 - The death wasn't caused by someone else

Which deaths *can't* practitioners certify?

- Any deaths reportable to the coroner (refer Te Whatu Ora guidance)
- Any deaths where the initial certifying doctor is not satisfied as to cause of death and has refused to issue a certificate

What happens if the initial practitioner is not available?

- Another practitioner can be engaged to complete the MCCD if the initial practitioner is unlikely to be able to issue the certificate within 24 hours. The second practitioner must:
 - Be satisfied death was from natural consequences of the illness; and
 - Have regard to the medical records; and
 - Have regard to the circumstances of the death; and
 - Have examined the body; and
 - Have ascertained that the initial practitioner has **not** refused to issue a certificate; and
 - Check the death has not been reported to the coroner

Note, if the certifying practitioner has not been involved in patient's care, they may be able to obtain the notes directly from the attending doctor using Rule 11(2)(a) of the Health Information Privacy Code. However, if there are any concerns, the permission of the executor or family representative could be sought. Funeral directors can assist with gaining this permission.

Stillbirths are different

- Usually a doctor certifies, but a midwife may certify if no doctor present.
- Can also be a Statutory declaration by a person required to notify of the birth giving details of the still birth and noting no medical practitioner or midwife present.

Best practice tips:

- The practitioner should seek assurance of the identity of the deceased. Ask those caring for the deceased (for example residential care facility, funeral director) if they have verified the identity through the family, and/or appropriate records.
- It is recommended practitioners should explain to the family the cause of death. Families do not see the MCCD but may later dispute a cause of death when they receive the formal death certificate.
- "Having regard to the medical records" is not defined, but the certifying doctor should review sufficient records for them to be satisfied that the person's death was "a natural consequence of the illness". A comprehensive referral letter about the illness from the attending doctor would likely be sufficient.

Cremation approval

- Requires extra documentation
- **Form A – Application for cremation**
 - This is an application for cremation to be signed by an executor or near relative (strict rules apply around what is a 'near relative').
 - Can be completed by another person (or Funeral Director), with an explanation of why the near relative or executor hasn't completed and signed the form.
 - Signature must be witnessed.
- **Form AB – Certificate in relation to cardiac pacemakers and other devices**
 - This is a certificate relating to pacemakers and other devices. The certificate is to be completed by a medical or nurse practitioner.
 - Requires identifying and examining the deceased for biomechanical aids and recording whether the body contains a cardiac pacemaker or other battery powered device, and whether the device needs to be removed before cremation.
 - Note that if Form BA is to be completed (see below), form AB is not required.
- **Form B – Certificate of medical practitioner or nurse practitioner (standard)**
 - This form is to certify that there is no suspicion that the death was due to any other cause that would mean it is undesirable to cremate the body.
 - This certificate is to be completed by a medical practitioner or nurse practitioner after they have examined the body.
 - Form BA may be completed instead of Form B in certain circumstances (see below).

- **Form BA – Certificate of medical practitioner or nurse practitioner (natural causes death in low-risk settings)**
 - This is a new form introduced in May 2026 for certifying deaths in ‘**low-risk**’ settings.
 - Form BA may be completed instead of Form B if the deceased was, at the time of their death:
 - receiving **long-term residential or specialist palliative care** in New Zealand; and
 - a health practitioner who identified the body considers that the circumstances of death are of natural causes; and
 - the certifying medical or nurse practitioner does not consider the death to be unexpected.
 - Form BA may be completed by certifying medical or nurse practitioner where they have **not** examined the deceased. The certifying medical or nurse practitioner may rely on the identification of the body conducted by a health practitioner (e.g. registered nurse) and an assessment that the circumstances of the death were consistent with natural causes.
- **MCCD, Form A, Form AB, Form B or Form BA** are then provided to medical referee to check
 - Death documents system to be used
- For deaths referred to Coroner, a **Coroner Certificate (Form C)** must be provided prior to disposal of the deceased
- If approved, Medical Referee completes **permission to cremate form (Form F)**

Low-risk setting pathway

Use **Form BA** only where the death is natural and occurred while the person was under long-term residential care or while the person was under specialist palliative care. In these circumstances, the certifying practitioner is **not** required to examine the body after death.

Importantly, the new **Form BA** does not require a practitioner to certify examination for battery-powered devices (i.e. if Form BA is completed, Form AB relating to cardiac pacemakers etc is not required). To address this, funeral directors and embalmers will complete an **Embalmers Certificate** to accompany Form BA, confirming whether a pacemaker or other battery-powered device is present or has been removed.

NZCCC, together with a representative for Medical Referees, has agreed that this certificate can be relied upon to give cremation authorities confidence that pacemakers have been appropriately checked for and/or removed.

While some cremation authorities may use alternative documentation, this certificate is being circulated to medical referees and is expected to be the most practical and consistent form to rely on.

Funeral Directors’ role

- Arrange transport, registration, paperwork, burial/cremation/funeral.
- If it is an expected death in care/palliative setting: body can be transferred before MCCD is issued **only if** doctor/nurse practitioner has agreed to complete it. Funeral director should discuss the best place of examination with the practitioner (see below)
- Coroner cases: body cannot be moved until approval given.

Place of examination

- In line with Funeral Directors Associations ethical principle to respect the deceased, preference is for medical practitioners to examine the deceased at their place of death, or at the funeral home.

- Where not possible, medical practitioners should provide a discrete area at their practice, for example ambulance bay, or taking the deceased into the clinic. Examination in a carpark is discouraged.
- Medical practitioners and funeral directors should work collegially to discuss what is most practical in their area.
- Where a death cannot be certified within 24 hours (for example, reasons of long travel, poor state of body for transport), the Burial and Cremation Act (section 46B) provides that a practitioner can supply patients notes to a local practitioner to complete. See [What happens if a practitioner is not available](#).

Costs of certification

- Practitioners are able to charge a reasonable fee for certification.
- Costs should be communicated in advance to the family, or to the funeral director if the practitioner wants them to be included in the funeral invoice (some GPs provide a list of standard costs to local funeral homes so costs can be included in estimates).

Additional resources:

- [*Guidelines for Verifying Death, September 2024, issued by Health New Zealand, Te Whatu Ora. Includes guidance on the clinical assessment for verifying death and detail of reporting deaths to the coroner.*](#)
- [*Flowchart – Cremation approval steps, issued by Health New Zealand, Te Whatu Ora.*](#)
- [*Burial and Cremations Act 1964*](#)
- [*Cremation Amendment Regulations 2026*](#)