

Death notification form

When to use this form

- You're a responsible officer (or suitable person or delegate of either) and would like to inform the GMC that a doctor connected to the designated body you work for, has died.
- You want to let the GMC know that a doctor has died.

How to return this form

Once you have completed the form below, click on the 'Submit Form' button in the top right hand corner. Follow the instructions on the screen. If you have any problems submitting the form please email it to regreception@gmc-uk.org

What happens next

We'll review the information you've provided and update our records appropriately.

Deceased doctor's details

Date of notification*	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="Y"/> <input type="text" value="y"/>
Full registered name*	<input type="text" value="Name"/>
GMC reference number	<input type="text" value="GMC reference number"/>
Date of death*	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>

Your details

Your name (including title)*	<input type="text" value="Your name"/>
Your GMC reference number	<input type="text" value="Your GMC reference number"/>
Your relationship to the doctor*	<input type="text" value="Your relationship to the doctor"/>
Name of designated body	<input type="text" value="Name of designated body"/>
Email address	<input type="text" value="Email address"/>

More information

<input type="text" value="If you have more information you can provide it here"/>
