

Death notification form

When to use this form

- You want to let the GMC know that a doctor has died.

How to return this form

When 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:"/>

* Required information
Death notification form/doctor