Standard Operating Procedure (SOP) on Death Disposal System of Natural Deaths in Sri Lanka

Department of Forensic Medicine

Faculty of Medicine

UWUSL

2026

Standard Operating Procedure (SOP) on Death Disposal System of Natural Death in Sri Lanka

(1) Title

Death Disposal System of Natural Death in Sri Lanka

(2) Issued by

Department of Forensic Medicine, Faculty of Medicine, Uva Wellassa University of Sri Lanka.

(3) Purpose

To establish standardized statutory, administrative, and clinical protocols for managing the registration and disposal of bodies following natural deaths in Sri Lanka.

(4) Scope

This procedure applies to all medical officers, hospital administrative staff, public health authorities, and law enforcement personnel managing natural deaths across state and private healthcare institutions in Sri Lanka.

(5) Morbidity data are handled by

Ministry of Public Administration and Home Affairs
Department of Registrar General

(6) Death Disposal

Death disposal is the lawful, safe, dignified, and culturally appropriate process of handling and finally disposing of human remains following death, after completion of all required medical, medico-legal, administrative, and registration procedure

(7) Four main steps in death disposal system in Sri Lanka

7.1) Death certification

Death certification is the formal medical certification of the fact and cause of death by an authorized medical practitioner, based on the available clinical information, examination and, where applicable, investigation.

1.1. At Home

If natural –

i. Inform General practitioner (GP)/ Gramaniladari (GN)
if suspicious GP/GN have to inform the police

ii. If taken to the nearest hospital- inform police and ISD and conduct death investigation

If suspicious / Unnatural

i. Inform police and ISD and conduct a death investigation.

1.2. At Hospital

i. Government Hospital-

It is the responsibility of the Medical Officer in-charge of the hospital to give information

ii. Private Hospitals –

are considered as a "residence death" and the responsibility of death declaration, rests on the relatives of the deceased

1.3. At Government Estates

The Superintendent of the Estate is required by law (Medical Wants Ordinance) to furnish reports of deaths and still births

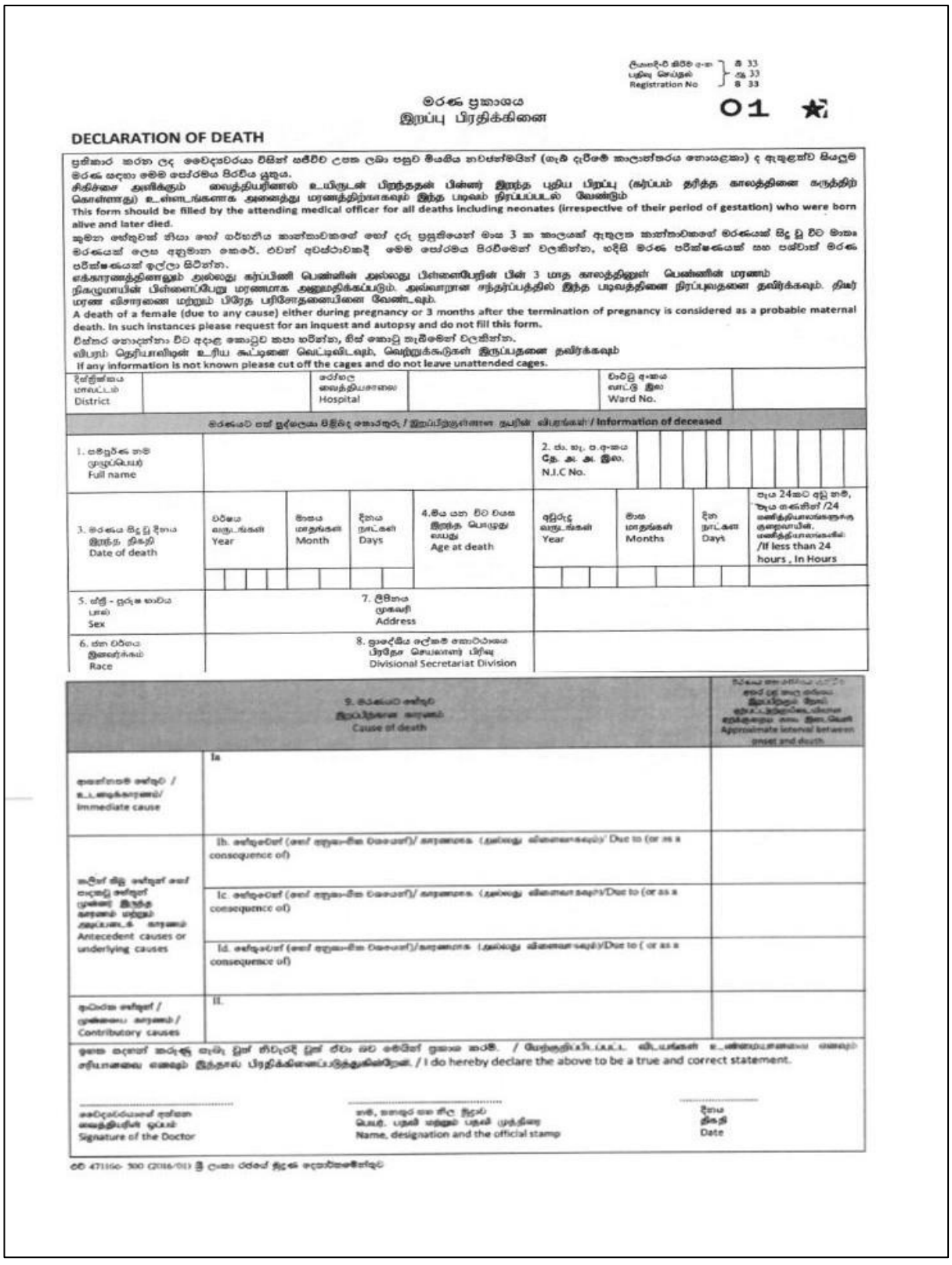
1.4. At Outside/suspicious/judicial/homicidal/COD is unknown –

Inform police and ISD – Death investigation system

7.2) Death declaration

Death declaration is the clinical confirmation and formal statement by an authorized medical practitioner that a person has died, based on the absence of signs of life and appropriate clinical assessment.

i. GN- Issue the Registration B24 form (Report of the death by Grama Niladhari (RDGN) and verbal autopsy form
ii. GP- Issue the Registration B12 form
iii. MO- Issue the Registration B33 form (Declaration of Death)
iv. ISD- Issue the Registration B18 form
v. Superintendent- Issue a special form



மரண பிரகடனம்
இறப்பு பிரதிக்கினை

DECLARATION OF DEATH

Registration B 33 (Filled by House officer/Hospital doctor)

ලියාපදිංචි කිරීම අ 12
பதிவு ஆ12
Registration B12
(N 2* & E) 12/63

මරණයට හේතුව පිළිබඳ සහතිකය (*31 වගන්තිය*)
இறப்புக்கான காரணச் சான்றிதழ் (பிரிவு 31)
Certificate of Cause of Death (*Section 31*)

..... (ප්‍රදේශයේ) උප්පැන්න සහ මරණ රෙජිස්ට්‍රාර් වෙත
..... பிறப்பு மற்றும் இறப்பு பதிவாளர் (பிரதேசம்)
To the Registrar of Births and Deaths of (the area) .....

මිය ගිය පුද්ගලයාගේ විස්තර/ இறந்தவரின் விபரங்கள்/ Details of the deceased					
1. සම්පූර්ණ නම முழுப் பெயர் Full Name					
2. ජා.හැ.අ හෝ විදේශ ගමන් බලපත්‍ර අංකය தே.அ.அ.இல அல்லது கடவுச்சீட்டு இல. NIC or Passport No.					
3. වයස வயது Age		4. උපන් දිනය பிறந்த திகதி Date of Birth	වර්ෂය/ Year வருடம்/	මාසය/ Month மாதம்	දිනය /Day திகதி
5. ස්ත්‍රී/පුරුෂ භාවය பால் Gender					
6. ස්ථිර පදිංචි ලිපිනය நிரந்தர முகவரி Permanent Address				6.a. දිස්ත්‍රික්කය மாவட்டம் District	
7. මරණය සිදු වූ ස්ථානය இறப்பு நிகழ்ந்த இடம் Place of Death				7.a. දිස්ත්‍රික්කය மாவட்டம் District	
8. මරණය සිදු වූ දිනය/ இறப்பு நிகழ்ந்த திகதி / Date of Death	වර්ෂය/வருடம்/Year	මාසය/மாதம்/Month	දිනය/நாள்/Day		

9. මරණයට හේතුව/ இறப்புக்கான காரணம்/ Cause Of Death		
	මරණයට හේතුව/ இறப்புக்கான காரணம் Cause of Death	රෝගය හා මරණය ඇතිවීම අතර දළ කාල පරාසය (දින,මාස,අවුරුදු)/ தோய் மற்றும் இறப்பு ஏற்பட்டதற்கும் இடையிலான ஏறக்குறைய கால இடைவெளி(நாட்கள்,மாதங்கள்,வருடங்கள்) Approximate interval between onset and death (Days, Months, Years)
ආසන්නතම හේතුව உடனடிக் காரணம் Immiediate Cause	Ia *	
කලින් තිබූ හේතුන් හෝ පාදක වූ හේතුන් முன்னர் இருந்த காரணம் மற்றும் அடிப்படைக் காரணம் Antecedent causes or underlying causes	Ib හේතුවෙන් (හෝ ආනුශාංගික වශයෙන්)/ காரணமாக(அல்லது விளைவாகவும்)/ Due to (or as a sequence of) *	
	Ic හේතුවෙන් (හෝ ආනුශාංගික වශයෙන්)/ காரணமாக(அல்லது விளைவாகவும்)/ Due to (or as a sequence of) *	
	Id හේතුවෙන් (හෝ ආනුශාංගික වශයෙන්)/ காரணமாக(அல்லது விளைவாகவும்)/ Due to (or as a sequence of) *	
ආධාරක හේතුන් பங்களிப்பு காரணம் Contributory Causes	II *	

Registration B 12 (Filled by General Practitioner)

ලියාපදිංචි කිරීම අ 12
பதிவு ஆ12
Registration B12
(N 2* & E) 12/63

මරණයට හේතුව පිළිබඳ සහතිකය (*31වගන්තිය*)
இறப்புக்கான காரணச் சான்றிதழ் (பிரிவு 31)
Certificate of Cause of Death (*Section 31*)

..... (ප්‍රදේශයේ) උප්පැන්න සහ මරණ රෙජිස්ට්‍රාර් වෙත
..... பிறப்பு மற்றும் இறப்பு பதிவாளர் (பிரதேசம்)
To the Registrar of Births and Deaths of (the area) .....

මිය ගිය පුද්ගලයාගේ විස්තර/ இறந்தவரின் விபரங்கள்/ Details of the deceased						
1. සම්පූර්ණ නම முழுப் பெயர் Full Name						
2. ජා.හැ.අ හෝ විදේශ ගමන් බලපත්‍ර අංකය தே.அ.அ.இல அல்லது கடவுச்சீட்டு இல. NIC or Passport No.						
3. වයස வயது Age		4. උපන් දිනය பிறந்த திகதி Date of Birth	වර්ෂය/ Year வருடம்/	මාසය/ Month மாதம்	දිනය /Day திகதி	5. ස්ත්‍රී/පුරුෂ භාවය பால் Gender
6. ස්ථිර පදිංචි ලිපිනය நிரந்தர முகவரி Permanent Address					6.a. දිස්ත්‍රික්කය மாவட்டம் District	
7. මරණය සිදු වූ ස්ථානය இறப்பு நிகழ்ந்த இடம் Place of Death					7.a. දිස්ත්‍රික්කය மாவட்டம் District	
8. මරණය සිදු වූ දිනය/ இறப்பு நிகழ்ந்த திகதி / Date of Death වර්ෂය/வருடம்/Year		මාසය/மாதம்/Month		දිනය/நாள்/Day		

9. මරණයට හේතුව/ இறப்புக்கான காரணம்/ Cause Of Death		
	මරණයට හේතුව/ இறப்புக்கான காரணம் Cause of Death	රෝගය හා මරණය අතර දළ කාල පරාසය (දින,සති,මාස/වර්ෂ)/ நோய் மற்றும் இறப்பு ஏற்பட்டதற்கும் இடைமிலான ஏறக்குறைய கால இடைவெளி(நாட்கள்/மாதங்கள்/வருடங்கள்) Approximate interval between onset and death (Days, Months, Years)
ආසන්නතම හේතුව உடனடிக் காரணம் Immediate Cause	Ia	
කලින් හිටූ හේතූන් හෝ පාදක වූ හේතූන් මුණෙර් இருந்த காரணம் மற்றும் அடிப்படைக் காரணம் Antecedent causes or underlying causes	Ib හේතුවෙන් (හෝ ආනුෂාංගික වශයෙන්)/ காரணமாக(அல்லது விளைவாகவும்)/ Due to (or as a sequence of)	
	Ic හේතුවෙන් (හෝ ආනුෂාංගික වශයෙන්)/ காரணமாக(அல்லது விளைவாகவும்)/ Due to (or as a sequence of)	
	Id හේතුවෙන් (හෝ ආනුෂාංගික වශයෙන්)/ காரணமாக(அல்லது விளைவாகவும்)/ Due to (or as a sequence of)	
ආධාරක හේතූන් பங்களிப்பு காரணம் Contributory Causes	II	

Registration B 12

Registration B 24
(F 2* long) 9/72

ග්‍රාමසේවා නිලධාරියෙකු විසින් නිකුත් කරනු ලබන මරණ වාර්තාව

மரணத்தைப்பற்றிக் கிராம சேவையாளரின் அறிவித்தல்

REPORT OF DEATH BY GRAMA SEVA NILADHARI

(මරණය සිදුවී සත් දිනක් ඇතුළත ලේකම් තැන වෙත යැවීම සඳහා යි)

(இறப்பு சம்பவித்து ஏழு நாட்களுக்குள் பதிவுகாரருக்கு நேரே அனுப்பப்படல் வேண்டும்)

(To be forwarded direct to the Registrar within seven days of death)

ග්‍රාමසේවා නිලධාරී කොට්ඨාශය
கிராம சேவையாளரின் பிரிவு
Grama Seva Niladhari's Division ..... අංකය இல. No. .....

ලේකම් කොට්ඨාශය
பதிவுகாரரின் பிரிவு
Registrar's Division .....

1. මරණය සිදුවූ දිනය සහ ස්ථානය இறந்த திகதியும் இடமும் Date and Place of Death	
2 සම්පූර්ණ නම முழுப் பெயர் Full Name	
3. ස්ත්‍රී පුරුෂ භාවය සහ ජාතිය * பால் சாதி * Sex and Race *	
4. වයස வயது Age	
5. තත්ත්වය හෝ වෘත්තීය அந்தஸ்து அல்லது தொழில் Rank of Profession	
6. මරණයට හේතුව மரண த்துக்குக் காரணம் Cause of death	
7. දැනුම් දිය යුත්තාගේ නම සහ ලිපිනය தகவல் கொடுக்கக் கடப்பாடுடையவரின் பெயரும் விலாசமும் Name and address of person bound to give information	

ඉහත සඳහන් කරනු ලැබූ ප්‍රකාශයෙහි මගේ කොට්ඨාශයේ සිදුවූ මරණයක් පිළිබඳව සැබෑ විස්තර ඇතුලත්ව සිටින බව් මම සහතික කරමි. තවද එම මරණය ..... ලේකම් වෙත වාර්තා කරමි. 20 .....ක් වූ ..... මිය ..... දින ..... දී අත්සන් කරන ලදී.

எனது பிரிவில் நிகழ்ந்த மரணம் சம்பந்தமாக உண்மையான விடயங்கள் மேற்கூறப்பட்டிருக்கின்றனவென்பதை நான் உறுதிப்படுத்தி ..... பிரிவின் பதிவுகாரருக்கு அறிவிக்கின்றேன்.

20 .....ஆம் ஆண்டு .....மாதம் ..... ஆந் திகதியன்று கையொப்பமிடுகின்றேன்.

I certify that the above statement contains the true particulars of a death which occurred in my division and I report the same to the Registrar of ..... Signed at ..... this .....day of .....20 .....

.....
ග්‍රාමසේවා නිලධාරීගේ අත්සන.
கிராமசேவையாளரின் கையொப்பம்
Signature of Grama Seva Niladhari.

* දෙමළ ජාතිකයින් හඳුන් මරක්කළ ජාතිකයින් "ශ්‍රී ලාංකික" දෙමළ හෝ මරක්කළ නැතහොත් "ඉන්දියානු" දෙමළ හෝ මරක්කළ කියා අවස්ථානුකූලව විස්තර කළ යුතු යි.

தமிழர் அல்லது சோனகரை "இலங்கைத் தமிழ்" அல்லது "இலங்கைத் சோனகர்" அல்லது "இந்தியத் தமிழர்" அல்லது இந்தியச் சோனகர் என விபரித்தல் வேண்டும்.

* Tamils or Moors must be described as "Sri Lanka Tamil" or "Sri Lanka Moor" or "Indian Tamil" or "Indian Moor" as, the case may be.

H 023879 – 3000 (2005/07) P ශ්‍රී ලංකා රජයේ මුද්‍රණ දෙපාර්තමේන්තුව

Report of the Death (RoD) by Grama Seva Niladhari – Registration B 24

ලියාපදිංචි කිරීම් 'ආ' 155

මරණයට හේතුව – වාචික පරීක්ෂණය

කොට්ඨාශය (උප්පැන්න සහ මරණ) : ..... ලේඛන අංකය :

මරණයට හේතුව හඳුනා ගැනීම සඳහා

(වෛද්‍යවරයෙකු හෝ හඳිසි මරණ පරීක්ෂකවරයෙකු විසින් මරණයට හේතුව සහතික කර නොමැති අවස්ථාවකදී පමණක් මෙම තොරතුරු සපයන්න.)

(1) ඔබගේ දැනීමේ හැටියට, මරණය සිදුවූයේ පහත සඳහන් අසනීප එකක් හෝ කිහිපයක් හේතුවෙන්ද ? එම අසනීපය හෝ අසනීපවලට ඉඳිරියෙන් ඇති කොටුව/කොටු තුළ x ලකුණ යොදන්න.

	අසනීපය		අසනීපයෙන් පසු කාලය *(අදාල නොවන වචන තපාහරින්න.)	
1.	අධි රුධිර පීඩනය	——▸ ☐	*අවුරුදු/මාස/දින ——▸	☐☐
2.	හෘද රෝග	——▸ ☐	*අවුරුදු/මාස/දින ——▸	☐☐
3.	දියවැඩියා රෝගය	——▸ ☐	*අවුරුදු/මාස/දින ——▸	☐☐
4.	වකුගඩු රෝග	——▸ ☐	*අවුරුදු/මාස/දින ——▸	☐☐
5.	අංශභාග රෝගය	——▸ ☐	*අවුරුදු/මාස/දින ——▸	☐☐
6.	ඇදුම රෝගය	——▸ ☐	*අවුරුදු/මාස/දින ——▸	☐☐
7.	කිසියම් උන රෝගයක්	——▸ ☐	*අවුරුදු/මාස/දින ——▸	☐☐
8.	පිලිකා රෝගය	——▸ ☐	*අවුරුදු/මාස/දින ——▸	☐☐

පිලිකාව තිබූ තැන මෙහි ලියන්න .....

(2) මරණය සිදුවූයේ වෙනත් අසනීපයකින් නම් එම අසනීපය පිළිබඳව මෙහි ලියන්න.

.....

(3) මරණය සිදුවූයේ අසනීපයක් නිසා නොවේ යයි ඔබ සිතන්නේ නම්, ඔබ අදහස් කරන "මරණයට හේතුව" කුමක්ද ?

.....

.....

(4) මරණය සිදුවූ අවස්ථාවේදී හෝ ඊට පෙර මිහු/ඇය පහත සඳහන් රෝගී ලක්ෂණ පෙන්නුම් කළේද ? (ලක්ෂණ එකකට වඩා වැඩි නම් කොටු එකකට වඩා ඉවිතා කළ හැකිය.) (අදාල කොටු තුළ x ලකුණු යොදන්න.)

1.	අතපය හිරිවැටීම හෝ පණනැති වීම ——▸ ☐	7.	අධික වමනය ——▸ ☐
2.	කථා කිරීමට නොහැකිවීම ——▸ ☐	8.	හිස කැක්කුම ——▸ ☐
3.	ඇද වැටීම ——▸ ☐	9.	අධික උදර වේදනාව ——▸ ☐
4.	අධික ලෙස දහඩිය ගැලීම ——▸ ☐	10.	ලේ වමනය ——▸ ☐
5.	සිහිමිද ගිහිය ——▸ ☐	11.	දියර ලෙස මළපහ වීම ——▸ ☐
6.	පපුවේ වේදනාව ——▸ ☐	12.	මුඛයෙන් සෙම පිටවීම ——▸ ☐

(5) මිහු/ඇය පහත සඳහන් සුරුුවලට ඇබ්බැහිවී සිටියේ නම්, අදාල කොටුව හෝ කොටු තුළ x ලකුණු යොදන්න.

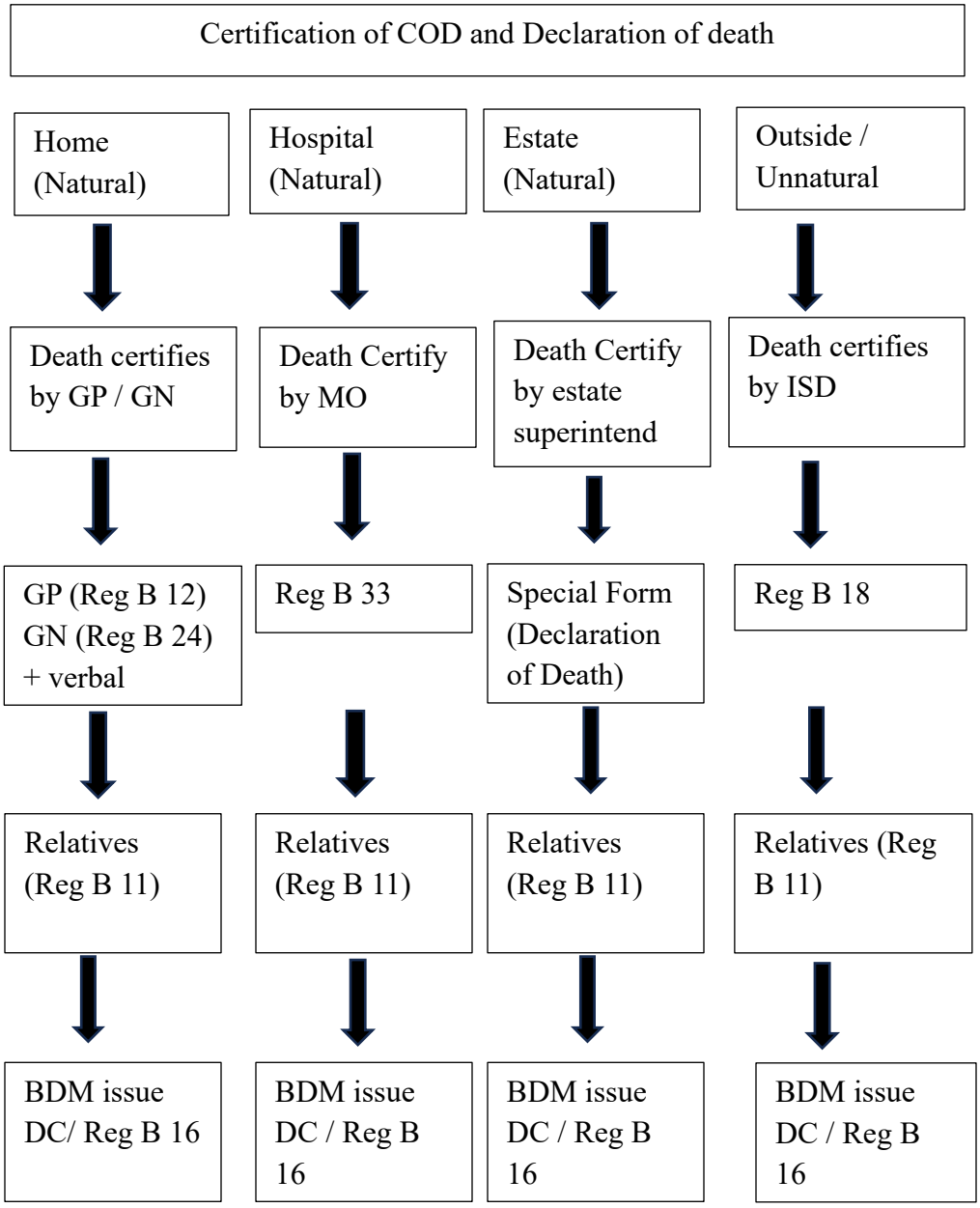
1. මත්පැන් භාවිතය ——▸ ☐
2. දුම්වැටි භාවිතය ——▸ ☐
3. මත් කුඩු භාවිතය ——▸ ☐

(6) මරණයට හේතුව ගැන කිව යුතු වෙනත් යමක් තිබේ නම් මෙහි ලියන්න.

.....

II 052371 – 100,000 (2019/01) ශ්‍රී ලංකා රජයේ මුද්‍රණ දෙපාර්තමේන්තුව

Verbal Autopsy form – filled by BDM registrar



GN- Grama Niladri, GP – General Practitioner, MO – Medical Officer,
BDM – Birth death and marriage registrar
DC – Death certification

7.3) Death registration

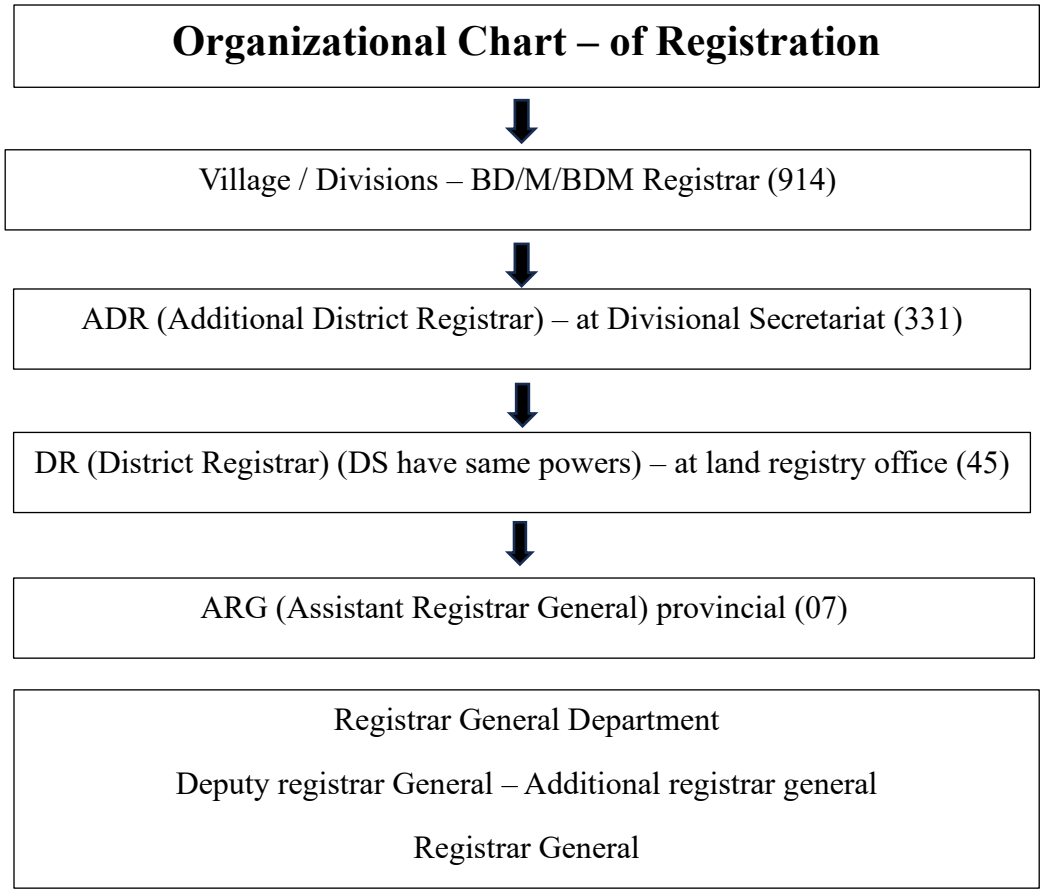
Death registration is the official legal recording of a person's death in the civil registration system maintained by the government authority.

i. The laws are laid in,
   - The "Births and deaths registration act" (No. 37 of 2006)
   - The "regulations for the death Registrars".

ii. Relative goes to the "Birth Death and Marriage (BDM) Registrar"
   - With the statutory form (with Cause of Death), and
   - Relative fill the "Declaration of death form" (Reg. B-11) of BDM Registrar and fill it

iii. Then the duly filled 2 forms are submitted to the Registrar.
   - Then the BDM Registrar issues
   - B 16 (certificate of notice of death)- for funeral arrangements
   - "Death Certificate" (DC) – for legal requirement

iv. DC contains the
   - Place of disposal and
   - method of disposal (burial or cremation)



8. Death disposal

Final disposition of a deceased person's body, in accordance with applicable legal, health, religious, and cultural requirements.

Done with B 16 or Death certificate

i. Undertakers – Arrange a funeral
ii. Disposal – At the cemetery

(8) Who should report a death – and causes for non-reporting

1) Ideally to book the cemetery and funeral director & you need DC (Reg 02). However, to expedite the process the cemetery and funeral directors unofficially accept the Declaration forms (Reg B12, B18, B24). Unfortunately, after the disposal relatives do not report the Declaration form to the Registrar and take the DC.

2) Grama Niladhari/GP – Do not report to BDM Registrars directly. requests the relatives to send to BDM registrar (within 7 days). However, if busy, the Certificate of notice of death (Reg. B 16) is issued only for funeral arrangements. Sometimes, they do not come back, register the death and obtain the DC.

3) ISD/Magistrate – Do not report to BDM Registrars directly. request relatives take the DC within 14 days.

4) The MO of the Government/private hospital – request the relative to submit within 3 Months.

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Date of Implementation

14th October 2026