

CREMATION NUMBER:

Administrator's Notice No. 1156 dated 20/11/68.

C.C.P. 69R

**SCHEDULE C
CONFIRMATORY MEDICAL CERTIFICATE**

After the body of the deceased was identified to me by
.....
of
as that of

and the relevant medical certificate checked by me, I have also made personal enquiry as revealed in the under-mentioned statements (delete whichever is inapplicable):

1. I examined the body of the deceased
..... (state here time and place)
2. I have/have not made a post-mortem examination.
3. I have/have not had discourse with and have/have not questioned another medical practitioner who attended the deceased.
4. I have/have not had discourse with and have/have not questioned another medical practitioner who attended the deceased.
5. I have/have not had discourse with and have/have not questioned any person(s) who nursed the deceased during his/her last illness or who was/were present at the death.
6. I have/have not had discourse with and have/have not questioned the relatives of the deceased.
7. I have/have not had discourse with and have/have not questioned another person.
8. I have identified the body to

Regarding statements 5, 6, 7 and 8 give hereunder names and addresses of persons with whom you have had discourse and say whether you spoke to them individually

.....
.....

I am satisfied that the cause of death was
and I certify that I know of no circumstances which can give rise to any suspicion that death was due wholly or in part to any other cause than disease/accident and that there is no circumstance of any sort known to me which makes it undesirable that the body should be cremated.

Signature

Address

Registered qualifications

Office

Date

Note: This certificate and the medical certificate received in connection therewith must be handed or sent in a closed envelope to the medical referee by one or other of the medical practitioners by whom the certificates are given.