

TR#: _____

(Cremation Regulations 28 (1) (b))

CREMATION AUTHORITY

**ADDENDUM TO FORM C
CONFIRMATORY MEDICAL CERTIFICATE**

“I a Medical Officer attached to the

.....hereby certify as follows: -

(State Place Where Attached)

.....
(Name of Deceased) (ID)

- a) That the above-named deceased was not attended to by me during his last illness;
- b) That I viewed his body at
on
(State Place at and Date on which Body was Viewed)
and
- c) that I am satisfied that the said deceased died as I am informed on the given above and to the best of my knowledge the cause of death was as stated above.”

I further certify that the answers given above are true and accurate to the best of my knowledge and belief, and that I know of no reasonable cause to suspect that the deceased died either a violent or an unnatural death or a sudden death the cause of which is unknown or died in such place or circumstances as to require an inquest in pursuance of any Act.

.....
Signature of Medical Officer

.....
Address

.....
Qualifications

Date:

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