

TR#: _____

CREMATORIUM AUTHORITY

**FORM C
CERTIFICATE OF MEDICAL ATTENDANT**

(To be given by a medical practitioner* who attended to the deceased during his last illness and who can certify definitely as to the cause of death.)

I am informed that application is about to be made for the cremation of the remains of:-

(Name of Deceased)

(Address)

(Occupation)

Having attended to the deceased before death, and having viewed the body after death, I give the following answers to the questions set out below:-

1. On what date, and at what hour did he or she die?
2. What was the place where the deceased died? (Give address and say whether at own residence, lodging, hotel, hospital, nursing homes, etc.)
3. Are you a relative of the deceased? If so, state the relationship.
4. Have you, so far as you are aware any pecuniary interest in the death of the deceased?
5. Were you the ordinary medical attendant of the deceased? If so, for how long?
6. Did you attend to the deceased during his or her last illness? If so, for how long?
7. When did you last see the deceased alive? (say how many days or hours before death).
8. How soon after death did you view the body and what examination of it did you make?
9. What was the cause of death?

	Primary
	Secondary
Immediate cause	(a)
	Due to
Morbid conditions (if any) (giving rise to immediate cause (stated in order proceeding backwards from immediate cause).	(b)
	(c)
Other morbid conditions (if important contributing to death but not related to immediate cause.

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- 10. What was the mode of death? (say whether syncope, coma, exhaustion, convulsions, etc.). What was its duration in days, hours or minutes?
- 11. State how far the answers to the last two questions are the result of your own observations, or are based on statements made by others, say by whom.
- 12. Did the deceased undergo any operation during the final illness or within a year before death? If so, what was its nature, and who performed it?
- 13. By whom was the deceased nursed during his or her last illness? (give names, and say whether professional nurse, relative, etc. If the illness was a long one, this question should be answered with reference to the period of four weeks before the death.)
- 14. Who was the person (if any) present at the moment of death?
- 15. In view of the knowledge of the deceased habits and constitution do you feel any doubt whatever as to the character of the disease or the cause of death?
- 16. Have you any reason to suspect that the death of the deceased was due directly or indirectly to
 - (a) violence;
 - (b) poison;
 - (c) privation or neglect?.....
- 17. Have you any reason whatever to suppose a further examination of the body to be desirable?
- 18. Have you given the certificate required for registration of death? if not, who has?

I hereby 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 a violent or an unnatural death or a sudden death or that the cause of death is unknown or that he died in such place or circumstances as to require an inquest in pursuance of any law.

.....
Signature of Medical Attendant

.....
Address

.....
Qualifications

Date

NOTE: - This certificate must be handed or sent in a sealed envelope by medical practitioner or the medical officer who signed it to the medical officer who has to give the confirmatory medical certificate set out as an Addendum to this Form.

*Where death occurred at a hospital, certificate is to be given by the medical officer who attended the deceased.