

TR#: _____

(Regulation 29 (1) C)

CREMATORIUM AUTHORITY

Form E

CERTIFICATE AFTER POST-MORTEM EXAMINATION

(To be given by the Medical Officer requested by the Authorized Officer and approved by the Chief Medical Officer)

I hereby certify that, acting on the request of.....
(State Name of Authorised Officer)

Authorised Officer of the _____ division, I made a post-mortem examination of the remains of:

.....
(State Name of Deceased)

.....
(State Address of Deceased)

.....
(State Occupation of Deceased)

The result of the examination is as follows: -

I am satisfied that the cause of the death was due to
(State Cause of Death)

that there is no reason for making any toxicological analysis* or for the holding of an inquest.

.....
Signature of Medical Officer

.....
Address

.....
Qualifications

.....
Date

* The words underlined should be omitted where a toxicological analysis has been made and its result is stated in this certificate or in a certificate attached to it.