## DEATH FROM NATURAL CAUSES CERTIFICATE OF SECOND DOCTOR

Form 4 - Burial and Cremation Act 2013 (section 10)

**Note:** 1 This certificate must be completed by a doctor.

- 2 It is an offence (the maximum penalty for which is imprisonment for 4 years) for a doctor to give this certificate knowing that he or she has a pecuniary or other interest in the estate of the deceased (see section 14(2) *Burial and Cremation Act 2013*).
- 3 This certificate must be lodged with the Registrar of Births, Deaths and Marriages together with Form 1 (the Application for cremation permit) and Form 3 (the Death from natural causes certificate of treating or examining doctor).

Full name of deceased:							
Last residential address of deceased:							
1	Have you,	at any time, professionally attended the deceased?	☐ Yes ☐ No				
	If yes, state	e when and the circumstances:					
2	Have you r	read and considered the certificate of the doctor giving rtificate?	g the first ☐ Yes ☐ No				
3	Are you sa	tisfied that the deceased died from natural causes?	☐ Yes ☐ No				
I certify to the best of my knowledge and belief that there is no reason why the body of the deceased should not be cremated.							
Signed:							
Dated:							
Address:							
Oua	lifications:						

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	Full name of deceased:						
Last residential address of deceased:							
	4	Have you,	at any time, professionally attended the deceased?	☐ Yes ☐ No			
		If yes, stat	e when and the circumstances:				
	5	Have you medical ce	read and considered the certificate of the doctor givin ertificate?	g the first ☐ Yes ☐ No			
	6	Are you sa	atisfied that the deceased died from natural causes?	☐ Yes ☐ No			
I certify to the best of my knowledge and belief that there is no reason why the body of the deceased should not be cremated.							
	Sign	ied:					
Dated:		ed:					
Address:		ress:					
	Qua	lifications:					