## DEATH FROM NATURAL CAUSES - CERTIFICATE OF DOCTOR CONDUCTING POST MORTEM

Form 5 - Burial and Cremation Act 2013 (section 10)

- **Note:** 1 This certificate must be completed by the doctor who has completed a *post mortem* examination of all the vital organs of the deceased.
  - 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).

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	4	<ul> <li>This certificate must be completed by the doctor who has completed a <i>post mortem</i> examination of all the vital organs of the deceased.</li> <li>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) <i>Burial and Cremation Act 2013</i>).</li> <li>This certificate must be lodged with the Registrar of Births, Deaths and Marriages together with Form 1 (the Application for cremation permit).</li> </ul>
Full n	iame (	of deceased:
Last r	reside	ential address of deceased:
I certi 3	-	at - nsert date)
		sonally made a <i>post mortem</i> examination of all the vital organs of the ased.
4	To the	e best of my knowledge and belief -
	c)	
	0)	the deceased died from natural causes; and
	d)	the deceased died from natural causes; and there is no reason why the remains of the deceased should not be cremated.
	,	there is no reason why the remains of the deceased should not be
Signe	d)	there is no reason why the remains of the deceased should not be
Signe	d) ed:	there is no reason why the remains of the deceased should not be cremated.
-	d) ed:	there is no reason why the remains of the deceased should not be cremated.
Dated	d) ed:	there is no reason why the remains of the deceased should not be cremated.

Full name of deceased:
Last residential address of deceased:

I certify that -

1 On (insert date) .....

I personally made a *post mortem* examination of all the vital organs of the deceased.

- 2 To the best of my knowledge and belief
  - a) the deceased died from natural causes; and
  - b) there is no reason why the remains of the deceased should not be cremated.

Signed:	
Dated:	
Address:	
Qualifications:	