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).

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: .....................................................................................................

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