

CERTIFICATE OF IDENTIFICATION OF DECEASED

Form 7 - Burial and Cremation Act 2013 (regulation 5)

I (*insert full name*)

of (*insert address*)

.....

being a person who personally knew or the medical practitioner who was responsible for the medical care immediately before death of:

(*insert full name of deceased*)

late of (*insert last residential address of deceased*).....

.....

certify that -

1 On (*insert date*)

at (*insert place where identification of deceased occurred*)

.....

I identified the body of a deceased person as being the body of the above named deceased **and**

2 I sighted an identification tag with the full name of the deceased and place of death:

.....

.....

or

The body was in a coffin bearing a name plate and the inscription marked

.....

.....

Signed:..... Dated:.....

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