

DEATH FROM NATURAL CAUSES CERTIFICATE OF TREATING OR EXAMINING DOCTOR

Form 3 - Burial and Cremation Act 2013 (section 10)

- Note:**
- 1 This certificate must be completed by the doctor who -
 - a) was responsible for the deceased's medical care immediately before death; or if not available
 - b) examined the body of the deceased after death
 - 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 4 (the Death from natural causes - certificate of second doctor).

Details relating to deceased

1	Full name of deceased:	
2	Last residential address of deceased:	
3	Place of death: <i>(If the place of death was not the deceased's place of residence, state whether it was a hospital, nursing home, lodgings etc)</i>	
4	Date and time of death:	
5	Occupation of deceased:	
6	Date of birth of deceased:	
7	Marital status of deceased:	
8	How long have you professionally attended the deceased?	
9	Were you responsible for the deceased's medical care immediately before death?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	On what date did you last see the deceased alive?	
11	Did you personally view the body of the deceased?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If no, who advised you of the death?	
12	Did the deceased undergo any surgical procedure within the period of four weeks before his or her death?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, specify the nature of the procedure:	
13	Have you any reason to believe that the death of the deceased was due, directly or indirectly, to privation or neglect?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14	Are you satisfied that the deceased died from natural causes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15	Is there, to the best of your knowledge or belief, any reason why the body of the deceased should not be cremated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16	Please provide details (IN BLOCK LETTERS) of the cause of death in the box overleaf.	

<p style="text-align: center;">CAUSE OF DEATH (PLEASE USE BLOCK LETTERS AND DO NOT ABBREVIATE)</p>		
	Description of cause of death	Interval between onset and death (approximate)
<p>Direct cause</p> <p>Disease or condition directly leading to death (ie the disease, injury or complication which caused death, NOT the mode of dying, for example, heart failure, asphyxia, asthenia etc)</p>	<p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p>	
<p>Antecedent causes</p> <p>Morbid conditions (if any) giving rise to the above cause, stating the underlying condition last</p>	<p>Due to, or as a consequence of -</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p>	
<p>Other significant contributing conditions</p> <p>Other significant conditions contributing to the death but not related to the disease or condition causing it</p>	<p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p>	

I certify that these particulars are true to the best of my knowledge and belief.

Signed: Dated:

Address:

..... Qualifications: