

# PARTIAL CERTIFICATE OF CAUSE OF DEATH

Form 6 - Burial and Cremation Act 2013 (section 12(2))

1 I am the doctor who was responsible for the deceased's care immediately before death or who examined the body of the deceased person after death under section 36 of the *Births, Deaths and Marriages Act 1996*, in relation to the death of *(insert full name of deceased)*

.....

Who died on.....

2 I certify that the deceased died of natural causes.

Full name of doctor: .....

Address: .....

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Signature of doctor: .....

Dated: .....

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