

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.	

CAUSE OF DEATH		
(PLEASE USE BLOCK LETTERS AND DO NOT ABBREVIATE)		
	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>	<hr/> <hr/> <hr/> <hr/> <hr/>	
<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> <hr/> <hr/> <hr/> <hr/> <hr/>	
<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>	<hr/> <hr/> <hr/> <hr/> <hr/>	

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

Name: Qualifications.....

Signed: Dated:

Business Address:

..... Telephone: