

FORM C – SUNSET BURIAL PARK & CREMATORIUM

- 11. State how far the answers to the last two questions are the result of your own observations or are based on statements made by others. If on statements made by others, say by whom.....
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- 12. Did the deceased undergo any operation during the final illness or within a year before death? If so, what was its nature and who performed it?
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- 13. By whom was the deceased nursed during his or her illness? (Give names and say whether professional nurse, relative, etc.) If the illness was a long one this question should be answered in reference to the period of four weeks before death.
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- 14. Who were the persons (if any) present at the moment of death?.....
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- 15. In view of the knowledge of the deceased’s habits and constitution, do you feel any doubt whatever as to the character of the disease or the cause of death?
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.....
- 16. Have you any reason whatever to suppose a further examination of the body to be desirable?.....
- 17. Have you any reason to suspect that the death of the deceased was due, directly or indirectly, to violence, poison, privation or neglect?.....
.....
- 18. Have you given the certificate required for registration of death? If not, who has?
.....

I hereby certify that the answers given above are true and accurate to the best of my knowledge and belief, and I know of no reasonable cause to suspect that the deceased died either a violent or an unnatural death, or a sudden death of which the cause is unknown, or died in such place or circumstances as to require an inquest in pursuance of any law.

Signature.....

Address.....
.....

Registered qualifications.....

Date.....

NOTE: THIS CERTIFICATE MUST BE HANDED OR SENT IN A CLOSED ENVELOPE BY THE PRACTITIONER WHO SIGNS IT TO THE GOVERNMENT MEDICAL OFFICER WHO IS TO GIVE THE CONFIRMATORY CERTIFICATE BELOW. (FORM D)