

**FORM D – CONFIRMATORY MEDICAL CERTIFICATE**

*(To be given by a Government Officer who is not a relative of the deceased or a relative/partner of the medical practitioner who gives the certificate in Form C)*

I .....being the Medical Officer for .....  
Medical District and being neither a relative of the deceased, nor a relative or partner of  
the Medical Practitioner who has given the foregoing Medical Certificate, have examined  
it and have made personal inquiry as stated in my answers to the questions below:

- 1) Have you seen the body of the deceased?.....
- 2) Have you carefully examined the body externally?.....
- 3) Have you made a Post Mortem Examination?.....
- 4) Have you seen and questioned the Medical Practitioner who attended the deceased?  
.....
- 5) Have you seen and questioned any other Medical Practitioner who attended the  
deceased?.....
- 6) Have you seen and questioned any person who nursed the deceased during his/her last  
illness, or was presented at the death?.....
- 7) Have you seen and questioned any relatives of the deceased?.....
- 8) Have you questioned any other person?.....
- 9) Name of deceased.....

*(In the answers to questions 5, 6, 7 & 8, give names and addresses of persons seen and say whether you saw them alone.)*

I am satisfied that the cause of death was .....  
and certify that 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 a place or circumstance as to require an inquest in pursuance of any law.

Signature..... Registered Qualification.....  
Address.....  
Date..... Office.....

**Note:** The certificate in Forms C & D must be handed or sent in a closed envelope to the authorized Officer by one or other of the Medical Practitioners by whom they are given.