

Form C

For office use only

Cremation number: _____

Confirmatory Medical Certificate

PURSUANT TO REGULATIONS MADE BY THE MINISTRY OF HEALTH AND LOCAL GOVERNMENT UNDER SECTION 7 OF THE CREMATION ACT, 1902, AS APPLIED BY SECTION 26 OF THE BELFAST CORPORATION (GENERAL POWERS) ACT (NORTHERN IRELAND), 1948

These Forms are Statutory. All the questions must be answered to make the Certificates effective for the purpose of Cremation.

These medical certificates are regarded as strictly confidential. The right to inspect them is confined to any person appointed for that purpose by the Ministry of Health and Local Government, The Ministry of Home Affairs, or the Chief Constable of the Police Service of Northern Ireland.

Name of deceased: _____

I, being neither a relative of the deceased, nor a relative, partner or assistant 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 give the certificate in Form B?	
5. (a) Have you seen and questioned any other medical practitioner who attended the deceased?	(a)
(b) Give names and addresses of persons seen.	(b)
(c) and say whether you saw them alone.	(c)
6. (a) Have you seen and questioned any person who nursed the deceased during his or her last illness, or who was present at the death?	(a)
(b) Give names and addresses of persons seen.	(b)
(c) and say whether you saw them alone.	(c)

The confirmatory medical certificate in Form C, if not given by the Medical Referee acting under Regulation 12, must be given by a registered medical practitioner of not less than five years standing, who shall not be a relative of the deceased or a relative, partner or assistant of the doctor who has given the certificate in Form B.

Each question must be answered.

Questions 1, 2 and 4 must be answered in the affirmative.

Name of deceased: _____

7. Have you seen and questioned any of the relatives of the deceased?	(a)
(b) Gives names and addresses of persons seen.	(b)
(c) and say whether you saw them alone.	(c)
8. (a) Have you seen and questioned any other person?	(a)
(b) Give names and addresses of persons seen.	(b)
(c) and say whether you saw them alone.	(c)

Here insert cause of death.

I AM SATISFIED that the cause of death was:

and I certify that I know of no reasonable cause to suspect that the deceased died as the result of the administration of an anaesthetic or as a result of violence, misadventure, unfair means, negligence, misconduct, malpractice, or any cause other than natural illness or disease for which he/she had been seen and treated by a registered medical practitioner within 28 days prior to death or in such circumstances as may require investigation by the Coroner.

Name (BLOCK LETTERS): _____

Signature: _____

Address: _____

Telephone number: _____

Date: _____

Registered qualifications: _____

Date of registration: _____

GMC Reference Number: _____

See marginal note on page 1.