

Certificate after post-mortem examination

Cremation 11
replacing Form D

01.09

Please complete this form in full, if a part does not apply enter 'N/A'.

Part 1 Details of the deceased

Full name

Address

Occupation or last occupation if retired or not in work at the date of death

Part 2 Certification of person making post-mortem examination

I certify that I have made a post-mortem examination of the remains of the deceased under the authority of a licence granted under the Human Tissue Act 2004 for that purpose and the appropriate consents required by that Act having been obtained.

I am satisfied that the cause of death was

1. (a) Disease or condition directly leading to death (this does not mean the mode of dying, such as heart failure, asphyxia, asthenia, etc.: it means the disease, injury, or complication which caused death)

- (b) Other disease or condition, if any, leading to (a)

- (c) Other disease or condition, if any, leading to (b)

Part 2 continued

2. Other significant conditions contributing to the death but not related to the disease or condition causing it.

- I am satisfied that there is no reason for making any toxicological analysis.

If a toxicology analysis has been made have the results been stated in this certificate
stated in this certificate or are they attached? attached to this certificate

- I am satisfied that there is no reason for the holding of an inquest.

If the cause of death is such as to require that an inquest be held, the coroner should issue a certificate and meet the costs of the post-mortem examination by paying the fee prescribed by the Secretary of State.

I am aware that it is an offence to wilfully make a false statement with a view to obtaining the cremation of any human remains.

Your full name

Address

Registered qualifications

GMC reference number

Signed

Dated

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