

Death from natural causes certificate of doctor conducting post mortem (Form 5)

Burial and Cremation Act 2013 (section 10)

- Note 1 This certificate must be completed by the doctor who has completed a post mortem examination of all the vital organs of the deceased.
- **Note 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*).

Details of deceased Surname (BLOCK LETTERS) Given name(s) **Date of birth Date of death** / I certify that -Insert date On / / I personally made a post mortem examination of all the vital organs of the deceased. Are you satisfied that the deceased died from natural causes? No Yes Did the deceased die from accessing voluntary assisted dying under the Voluntary Assisted Dying Act 2021? Yes No Is there, to the best of your knowledge or belief, any reason why the deceased should not be cremated? No Yes I certify that the particulars written in this form are true to the best of my knowledge and belief. Name Address Phone (mobile) Phone (business hours) Email address **AHPRA** registration number Signature **Professional Qualification** Date 1 1