



Partial certificate of cause of death - burial only (Form 6)

Burial and Cremation Act 2013 (section 12(2))

1. I am the doctor who was responsible for the deceased's care immediately before death or who examined the body of the deceased person after death under section 36 of the *Births, Deaths and Marriages Act 1996*, in relation to the death of:

Details of deceased

Surname (BLOCK LETTERS)

Given name(s)

Date of birth

Date of death

Are you satisfied that the deceased died of natural causes?

Yes No

Did the deceased die from accessing voluntary assisted dying under the *Voluntary Assisted Dying Act 2021*?

Yes No

I certify that the particulars written in this form are true to the best of my knowledge and belief.

Name

Address

Phone (business hours)

Phone (mobile)

Email address

AHPRA registration number

Signature

Professional Qualification

Date