



# Death from natural causes certificate of second doctor (Form 4)

## *Burial and Cremation Act 2013 (section 10)*

**Note 1** This certificate must be completed by a doctor.

**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**

**Have you, at any time, professionally attended the deceased?**

☐ Yes ☐ No

**If yes, state when and the circumstances:**

**Have you read and considered the certificate of the doctor giving the doctor's certificate of cause of death under section 36 of the *Births, Deaths and Marriages Registration Act 1996*?**

☐ Yes ☐ No

**Are you satisfied that the deceased died from natural causes?**

☐ Yes ☐ No

**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?**

☐ 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**