



Certificate of identification of deceased (Form 7)

Burial and Cremation Act 2013 (regulation 3)

Insert full name

I

Insert address

of

being a person who personally knew or the medical practitioner who was responsible for the medical care immediately before death of:

Details of deceased

Surname (BLOCK LETTERS)

Given name(s)

Date of birth

 / /

Date of death

 / /

certify that -

Insert date

Insert place where identification of deceased occurred

1. On / / at

I identified the body of a deceased person as being the body of the above named deceased and

2. I sighted an identification tag attached to the deceased's:

Left arm Right arm Left leg Right leg Other part of the bodily remains

with the full name of the deceased and place of death:

or

The body was in a coffin bearing a name plate and the inscription marked

Signature

Date

 / /