



FORM E

ROMANS FUNERAL HOME LIMITED
CERTIFICATE AFTER POST-MORTEM EXAMINATION

(TO BE GIVEN BY A GOVERNMENT OFFICER DESIGNATED BY AN AUTHORIZED OFFICER)

I HEREBY CERTIFY THAT, ACTING ON THE INSTRUCTIONS OF AUTHORISED OFFICER OF THE
_____ DIVISION, I MADE A POST-MORTEM
EXAMINATION OF THE REMAINS OF:

(NAME) _____

(ADDRESS) _____

(OCCUPATION) _____

THE RESULT OF THE EXAMINATION IS AS FOLLOWS:

I AM SATISFIED THAT THE CAUSE OF DEATH WAS: _____

**AND THAT THERE IS NO REASON FOR MAKING ANY TOXICOLOGICAL ANALYSIS OR HOLDING
AN INQUEST.**

(SIGNATURE) _____

(ADDRESS) _____

MEDICAL OFFICER FOR THE MEDICAL DISTRICT

DATE _____

**THE WORDS UNDERLINED SHOULD BE OMITTED WHERE A TOXICOLOGICAL ANALYSIS HAS
BEEN MADE AND IT'S RESULTS ARE STATED IN THE CERTIFICATION ATTACHED TO IT.**