



1. Deceased details

FORM AB

Consecutive number (Council officer to complete)

I hereby certify that I have examined the body of

1a. Full name of the deceased

First name(s)

Surname

1b. Last address

1c. Occupation

1d. Age

1e. Gender

2. Medical practitioner's declaration

2a. Tick one:

- I am satisfied that the body does not contain a cardiac pacemaker or any other biomechanical aid.
- I have removed from the body a cardiac pacemaker or other biomechanical aid, namely:

2b. Full name of medical practitioner

First name(s)

Surname

Signature

Date

Address

Registered qualifications