



**MEADOWREST MEMORIAL
GARDENS**
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FORM E
MMG No:
Date:
DD: _____
MM: _____
YYYY: _____

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)

REGISTERED QUALIFICATIONS _____

DATE _____

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