

PUBLIC HEALTH AND MUNICIPAL SERVICES ORDINANCE

(Chapter 132)

MEDICAL CERTIFICATE (CREMATION)

Name of Deceased

Date of Death

Place of Death.....

I hereby certify—

- (a) that I have carefully examined the body of the above-named deceased person;
- (b) that I am satisfied that the death of the above-named deceased person was not due to poison, violence or any illegal operation or to privation or neglect;
- (c) that the above-named deceased person *has / *has not been fitted with a cardiac pacemaker, and that it *has / *has not been removed; and
- (d) that the above-named deceased person *has / *has not been fitted with radioactive or other implant, and that it *has / *has not been removed.

Note: Cremation may be refused if a pacemaker or a radioactive or other implant is not removed.

Dated this..... day of 20

Signature

Qualification

Address

表格 2
公眾衛生及市政條例
(第 132 章)
醫學證明書(火葬)

死者姓名
去世日期
去世地點

本人 ，現證明 —

- (a) 本人已詳細檢驗上述死者的屍體；
- (b) 本人信納上述死者的去世並非由於毒藥、暴力、非法手術、缺乏生活必需品或疏忽所引致；
- (c) 上述死者 *曾 / *不曾 配戴心臟起搏器，該起搏器 *已經 / *尚未 除去；及
- (d) 上述死者 *曾 / *不曾 配戴輻射性植入物或其他植入物，該植入物 *已經 / *尚未 除去。

附註：如沒有將心臟起搏器、輻射性植入物或其他植入物除去，火葬可被拒絕。

日期：20.....年.....月.....日

簽署
資格
地址

* 刪去不適用者。