

# Anmor

FUNERALS / BEGRAFNISSE

*Celebrating a life once lived!*

## **CONSENT FOR POST-MORTEM EXAMINATION**

I \_\_\_\_\_ hereby authorise Anmor Funerals to conduct a post-mortem on the late \_\_\_\_\_

I.D. \_\_\_\_\_ to ascertain the cause of death.

Signed at \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_

### **DETAILS CONCERNING DEATH**

Date of death \_\_\_\_/\_\_\_\_/\_\_\_\_

Place of death \_\_\_\_\_

Medical history and immediate circumstances concerning the death:

Asthma \_\_\_\_\_ Epilepsy \_\_\_\_\_ Heart problems \_\_\_\_\_ Diabetes \_\_\_\_\_ Stroke \_\_\_\_\_

Ulcers \_\_\_\_\_

Chronic lung disease \_\_\_\_\_ High Cholesterol \_\_\_\_\_ High blood pressure \_\_\_\_\_

Did the deceased smoke? \_\_\_\_\_ Did the deceased abuse alcohol? \_\_\_\_\_

Other \_\_\_\_\_

What treatment or medication was the deceased on?

\_\_\_\_\_

When did the deceased last visit the doctor and for what reason?

\_\_\_\_\_

Did the deceased undergo any operations? If yes, what and when?

\_\_\_\_\_

Was a pacemaker (or similar) or other radio-active material implanted in the deceased?

\_\_\_\_\_

Who was present at the time of death?

\_\_\_\_\_

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Please describe the circumstances around the time of death

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Was the deceased ill at the time of death? \_\_\_\_\_

Is there a family history of early death (especially heart disease)?

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Do you have any suspicions concerning the death?

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Has the deceased sustained any recent trauma (e.g. a fall or car accident) or has the deceased continued to suffer as a result of previous trauma?

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Do you suspect that this death to be related to medical negligence?

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1. Please understand that the scope of this examination does not include testing for drugs (prescription or otherwise) or poisons. If you suspect that these caused or contributed to the death or you require these tests to be performed the remains would need to be referred to the Government Forensic Pathology Services for a medico-legal most-mortem examination.

2. Histology (microscopic examination of tissue) is not routinely done. If you would like this done it can be arranged at an additional cost. The person applying for the post mortem examination would be invoiced directly by the Laboratory. Details of the person who will be responsible for such payment need to be furnished. If the doctor conducting the post mortem examination deems that histology would be helpful in a particular instance this will be discussed with an appropriate family member.

3. Please tick the relevant documentation and procedures required:

BI-1663 \_\_\_\_\_ Schedule D \_\_\_\_\_ Post-mortem report \_\_\_\_\_

Histology \_\_\_\_\_

Name of family member \_\_\_\_\_

ID of family member \_\_\_\_\_

Postal address of family member (for account if histology done)

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Contact number \_\_\_\_\_