

# FREEDOM FROM INFECTION CERTIFICATE (REPATRIATION OVERSEAS)

To whom it may concern

Deceased's details	
Name:	
Date of Birth:	
Date of Death:	
Place of Death	
Ward/Hospital:	
Cause of Death	
I	(a)
	(b)
	(c)
	(d)
II	
I certify that to the best of my knowledge and belief the deceased was not suffering from an infectious or contagious disease immediately prior to death, and the body may be transported safely.	
Name and designation of Registered Medical Practitioner:	
Address:	
Postcode:	
Signature:	
Date:	