

# CONFIRMATION OF DEATH

DOCUMENT NO. **D 10001**

## IMPORTANT:

1. This document is NOT a death certificate.
2. This document is a temporary document in lieu of the digital death certificate. You can visit <https://www.mylegacy.gov.sg> after 24 hours to download the digital death certificate.
3. This document may be used for the purposes of booking of facilities for funeral wake and burial/cremation.

Digital Death Certificate No  
(if any)

DECEASED'S PARTICULARS	Name												
	NRIC / Identification Document No.					Sex M / F		Date of Birth DD / MM / YYYY					
	Race		Nationality / Citizenship			Date and Time of Death DD / MM / YYYY HHMM hours							
	Place or Address where Death Occurred							Approximate Interval between Onset and Death					
CAUSE OF DEATH	I Disease or Condition Leading to Death	(a)								Years	Months	Days	Hours
	Antecedent Causes	(b)											
	(c)												
	II Other Significant Conditions	(d)											
(e)													
Tick the relevant declaration(s) : <input type="checkbox"/> Deceased person is diagnosed with an infectious disease. <input type="checkbox"/> I attended to the deceased during last illness on DD / MM / YYYY <input type="checkbox"/> I inspected the body of the deceased on DD / MM / YYYY <input type="checkbox"/> There is no evidence suggesting the presence of a pacemaker or similar device in the body of the deceased. / There is a pacemaker or similar device in the body of the deceased but it has been removed. <input type="checkbox"/> There is a pacemaker that cannot be removed by the doctor and needs to be removed if the body of the deceased is intended for cremation.  NOTE: a) If the cause of death is unnatural, the death must be referred to the Coroner for examination. b) If the cause of death of the deceased person has arisen from an infectious disease, the Certifier is required under the Infectious Disease Act to notify the case to the appropriate Authorities (i.e. Commissioner of Public Health, Ministry of Environment, or the Director of Medical Services, Ministry of Health).										Complete this section if deceased is an infant (under 1 year old) and birth has not been registered:  Mother's Name* _____  Mother's Date of Birth* DD / MM / YYYY  Mother's NRIC/FIN No.* _____  Mother's Travel Document No.* _____ (only if mother has no NRIC or FIN)  <i>*mandatory fields</i>			
Name, Official Title, Institution and Signature of Certifier													
Name & Title										Signature			
Institution													
Name, Designation & Signature of Person Issuing this Document (if Issuer is not the Certifier)										Date of Issue			
Name & Designation										Signature			
										DD / MM / YYYY			