

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 Years Months Days Hours
CAUSE OF DEATH	I Disease or Condition Leading to Death	(a)	
	Antecedent Causes	(b)	
		(c)	
	II Other Significant Conditions	(d)	
		(e)	
Tick the relevant declaration(s) :		Complete this section if deceased is an infant (under 1 year old) and birth has not been registered:	
<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.		Mother's Name* _____ Mother's Date of Birth* _____ Mother's NRIC/FIN No.* _____ Mother's Travel Document No.* _____ <small>(only if mother has no NRIC or FIN)</small>	
<small>NOTE:</small> 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).			
*mandatory fields			

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