

# Cumberland County Asylum

reply shall have been received to this statement.

NOTE.—All letters of enquiry will receive a prompt reply. Severe illness, or the occurrence of anything of moment, will be immediately communicated. Stamps must be enclosed to prepay replies.

## SCHEDULE B.—CERTIFICATE.

a--Name in full  
b--Qualification  
c--Locality  
d--Name in full  
e--Residence  
f--Occupation

I, the undersigned (a) and in actual practice being (b) hereby certify that I, on the day of 189 , at (c) in the County of separately from any other Medical Practitioner, personally examined (d) (f) and that the said is a person of unsound mind, and a proper person to be taken care of and detained under care and treatment; and that I have formed this opinion on the following grounds, viz :

1. Appearance  
2. Conduct  
3. Conversation

1. Facts indicating insanity communicated to me by others :

g---state the information and from whom

2. Facts indicating insanity observed by myself :

Name

Place of Residence

Date

N. B.—Two certificates, (dated within one month of the commitment) are required in every case. The second should not be signed by the father, brother, son, or assistant of the Medical Practitioner who signed the first certificate.