
 CERTIFICATE.

(a) Name in full. I, the undersigned ^a and in actual practice,
 (b) Qualification being ^b day of
 (c) Locality. hereby certify that I, on the day of
 18 at ^c in the County of
 separately from any other Medical Practitioner, personally
 (d) Name in full. examined ^d
 (e) Residence, of ^e (f) and that the said
 (f) Occupation. is a person of unsound
 mind, and a proper person to be taken charge of, and de-
 tained under care and treatment; and that I have formed
 this opinion on the following grounds, viz:

1. Facts, indicating insanity observed by myself: *

1. Appearance.
2. Conduct.
3. Conversation.

2. Facts, indicating insanity, communicated to me by

(g) State the in- others: *
 formation, and
 from whom.

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 has signed the first Certificate.

* The facts upon which (from personal observation) the opinion of insanity has been formed, should always be specified.