

CERTIFICATE.

(a) Name in full. I, the undersigned ^a
 (b) Qualification. being ^b and in actual practice,
 hereby certify that I, on the _____ day of _____
 (c) Locality. 18 at ^c in the County of _____
 separately from any other Medical Practitioner,
 (d) Name in full. personally examined ^d
 (e) Residence. of ^e (f)
 (f) Occupation. and that the said
 is a person of unsound
 mind, and a proper person to be taken charge of,
 and detained 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 others :^g

(g) State the information 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.