

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
seperately 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.

(g) State the information and from whom. 2. Facts, indicating insanity, communicated to me by others:†

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.