
CERTIFICATE.

(a) Name in full. I, the undersigned^a
 (b) Qualifications. being^b and in actual practice,
 hereby certify that I, on the day of
 (c) Locality. 18 at^c in the County of
 (d) Name in full. separately from any other Medical Practitioner,
 personally 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 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.

g) State the infor-
 mation and from
 whom.

2. Facts, indicating insanity, communicated to
 me by others,^g

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.