

22

**ACTION**

Number

35

Originating from SIC Director  
(Show name of Officer or Document Number)

**NATURE OF ACTION**

Evidence the process of Certification  
of death in GWMH  
Are additional checks required prior  
to cremation.

See also \_\_\_\_\_

Indexer

**ALLOCATED TO**

Name(s) Code A Date 22/5 Time \_\_\_\_\_ By \_\_\_\_\_  
Name(s) \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ By \_\_\_\_\_  
Name(s) \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ By \_\_\_\_\_

**RESULT OF ACTION**

*Please write clearly or print*

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