



STATEMENT OF:	Click here to enter name	Click here to enter title, i.e. Consultant/Registrar/Nurse etc.
STATEMENT REGARDING:	Click here to enter name of patient, i.e. Joe Bloggs (deceased) DOB: 01/01/14	

Click here to enter details of your involvement in the patient's care. Your statement should commence with "I am a registered medical practitioner/registered nurse etc." Please also specify when and where you qualified, together with a list of your qualifications and date obtained.

This will be a legally significant statement and you may wish to consult your professional body or legal advisor prior to submitting your statement to this office.

I declare that this statement signed by me is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence at any legal proceeding, I shall be liable to legal sanction if I have wilfully stated in it anything which I know to be false or do not believe to be true.

SIGNED:		DATED:	
---------	--	--------	--