Sample documents

- Confirmation of Death (COD)
- Confirmation of Stillbirth (COS)

Last updated 29 Aug 2022

Confirmation of Death (COD)

To download the digital death certificate, you'll need the document number. You can find this at the top-right corner, highlighted in the sample document here.

CONFIRMATION OF DEATH

DOCUMENT NO. D 10001

IMPORTANT:
1. This document is NOT a death certificate.
2. This document is a temporary document in lieu of the digital death certificate. You can visit https://www.mylegacy.gov.sg after 24 hours to download the digital death certificate.
3. This document may be used for the purposes of booking of facilities for funeral wake and burial/cremation.

Digital ~~Death Certificate No~~ (if any)

DECEASED'S PARTICULARS

Name

NRIC / Identification Document No. | Sex M / F | Date of Birth DD / MM / YYYY

Race | Nationality / Citizenship | Date and Time of Death DD / MM / YYYY HHMM hours

Place or Address where Death Occurred

CAUSE OF DEATH

		Approximate Interval between Onset and Death			
		Years	Months	Days	Hours
I Disease or Condition Leading to Death	(a)				
Antecedent Causes	(b)				
	(c)				
II Other Significant Conditions	(d)				
	(e)				

Tick the relevant declaration(s) :

- ☐ Deceased person is diagnosed with an infectious disease.
- ☐ I attended to the deceased during last illness on DD / MM / YYYY
- ☐ I inspected the body of the deceased on DD / MM / YYYY
- ☐ There is no evidence suggesting the presence of a pacemaker or similar device in the body of the deceased. / There is a pacemaker or similar device in the body of the deceased but it has been removed.
- ☐ There is a pacemaker that cannot be removed by the doctor and needs to be removed if the body of the deceased is intended for cremation.

NOTE:
a) If the cause of death is unnatural, the death must be referred to the Coroner for examination.
b) If the cause of death of the deceased person has arisen from an infectious disease, the Certifier is required under the Infectious Disease Act to notify the case to the appropriate Authorities (i.e. Commissioner of Public Health, Ministry of Environment, or the Director of Medical Services, Ministry of Health).

Complete this section if deceased is an infant (under 1 year old) and birth has not been registered:

Mother's Name*_____

Mother's Date of Birth* DD / MM / YYYY

Mother's NRIC/FIN No.*_____

Mother's Travel Document No.*_____
(only if mother has no NRIC or FIN)

**mandatory fields*

Name, Official Title, Institution and Signature of Certifier

Name & Title *Signature*

Institution

Name, Designation & Signature of Person Issuing this Document (if Issuer is not the Certifier) | Date of Issue DD / MM / YYYY

Name & Designation *Signature*

SAMPLE

Confirmation of Stillbirth (COS)

To download the digital stillbirth certificate, you'll need the document number. You can find this at the top-right corner, highlighted in the sample document here.

CONFIRMATION OF STILLBIRTH

DOCUMENT NO. SB1001

IMPORTANT:

1. This document is NOT a stillbirth certificate.
2. This document is a temporary document in lieu of the digital stillbirth certificate. You can visit https://www.mylegacy.gov.sg after 24 hours to download the digital stillbirth certificate.
3. This document may be used for the purposes of booking of facilities for funeral wake and burial/cremation.

Digital Stillbirth Certificate No (if any)

CHILD'S PARTICULARS

Sex	Date of Stillbirth	Time of Stillbirth
	DD / MM / YYYY	HHMM hours

Place or Address where Stillbirth Occurred

CAUSE OF DEATH

(a) Main Disease or Condition in Foetus

(b) Other Disease or Condition in Foetus

(c) Main Maternal Disease or Condition Affecting Foetus

MOTHER'S PARTICULARS

Name

NRIC / Identification Document No.	Date of Birth	Race	Nationality / Citizenship
	DD / MM / YYYY		

FATHER'S PARTICULARS

Name

NRIC / Identification Document No.	Date of Birth	Race	Nationality / Citizenship
	DD / MM / YYYY		

BIRTH INFORMATION:

Child delivered by:

- ☐ Doctor in govt restructured hospital
- ☐ Private doctor
- ☐ Midwife/nurse in govt restructured hospital
- ☐ Private midwife/nurse
- ☐ Delivery without aid
- ☐ Unknown

Birth Order _____

Birth weight _____ grams

Period of gestation _____ weeks

Name, Official Title, Institution and Signature of Certifier

Name & Title *Signature*

Institution

Name, Designation & Signature of Person Issuing this Document (if Issuer is not the Certifier)

Name & Designation *Signature*

Date of Issue

DD / MM / YYYY

SPECIMEN