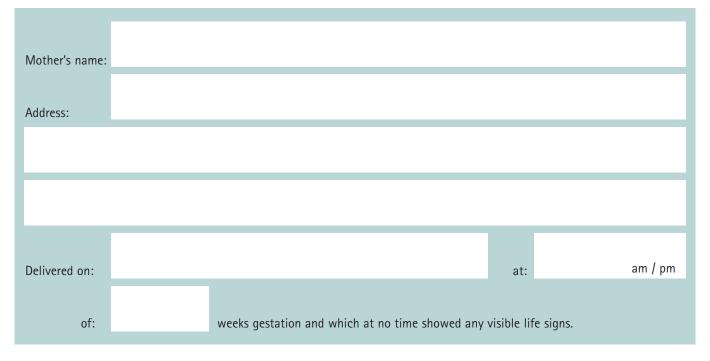


## I hereby certify that I have examined the foetal remains of:



Print name:			
Cignoturo			Date:
Signature:			Date.
Address:			
Telephone:			
Registered Qualification:			

