



CERTIFICATE OF RENEWAL

Form 4 The Mental Health Act, 1967 Section 13(1)

I, the undersigned physician, hereby certify that on the 20 day of May, 1969,
I personally examined [redacted]
(name of patient in full)
[redacted]
(home address)

After making due inquiry into all the facts necessary for me to form a satisfactory opinion, I do hereby further certify that he/she suffers from mental disorder of a nature or degree so as to require further hospitalization in the interests of his/her own safety or the safety of others.

State reason(s) why the above-named person is not suitable to be continued as an informal patient:

This patient must be under control, because of unstable environment at home.

Signed this 20 day of May, 1969
[redacted]
(Signature of attending physician)

In accordance with The Mental Health Act, 1967, this certificate shall be effective from the 20 day of May, 1969, and shall remain in force for a period of 3 months.