



CERTIFICATE OF RENEWAL

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

I, the undersigned physician, hereby certify that on the 25 day of March, 19 69,
I personally examined [REDACTED]
(name of patient in full)
[REDACTED] Ontario
(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:

Signed this 25 day of March, 19 69

[REDACTED]
(Signature of attending physician)

In accordance with The Mental Health Act, 1967, this certificate shall be effective from the 25 day of March, 19 69, and shall remain in force for a period of 3 months.