

Amlosgi 4

yn disodli Amlosgi 4 a gyhoeddwyd yn 2009

Cremation 4

replacing Cremation 4 issued 2009

Tystysgrif feddygol Medical certificate

Dim ond ymarferydd meddygol cofrestredig a gaiff lenwi'r ffurflen hon.

This form can only be completed by a registered medical practitioner.

Llenwch y ffurflen yn llawn, os nad yw rhan yn berthnasol nodwch 'AMH'

Please complete this form in full, if a part does not apply enter 'N/A'.

Rhan 1

Part 1

Manylion yr unigolyn sydd wedi marw Details of the deceased

Enw llawn

Full name

Cyfeiriad

Address

Cod post

Postcode

Galwedigaeth neu alwedigaeth ddiwethaf os oedd yr unigolyn wedi ymddeol neu ddim yn gweithio ar ddyddiad ei farwolaeth

Occupation or last occupation if retired or not in work at the date of death

Lle y gallai galwedigaeth yr ymadawedig yn y gorffennol awgrymu y bu farw o ganlyniad i afiechyd diwydiannol, dylech ystyried a ddylid cyfeirio'r farwolaeth at sylw crwner.

Where a past occupation of the deceased person may suggest that the death was due to industrial disease, you should consider whether to refer the death to a coroner.

Rhan 2

Part 2

Yr adroddiad ar yr unigolyn sydd wedi marw The report on the deceased

1. Beth oedd y dyddiad a'r amser pryd y bu farw'r unigolyn?

1. What was the date and time of death of the deceased?

Dyddiad

Date

Amser

Time

2. Rhowch y cyfeiriad lle y bu farw'r unigolyn.
2. Please give the address where the deceased died.

Cyfeiriad
Address

Cod post
Postcode

Nodwch ai dyma lle'r oedd yr unigolyn sydd wedi marw'n byw neu ai gwesty, ysbyty neu gartref nyrsio ayb.
Please state whether it was the residence of the deceased or a hotel, hospital, or nursing home etc.

Eu cartref
Their home

Ysbyty
Hospital

Gwesty
Hotel

Cartref nyrsio
Nursing home

Arall (rhowch fanylion)
Other (please specify)

3. A ydych chi'n perthyn i'r unigolyn sydd wedi marw?
3. Are you a relative of the deceased?

Ydw Na
Yes No

Os Ydw, nodwch natur eich perthynas.
If Yes, please give the nature of your relationship.

4. A oes gennych chi, hyd y gwyddoch, unrhyw fudd ariannol ym marwolaeth yr unigolyn sydd wedi marw?
4. Have you, so far as you are aware, any pecuniary interest in the death of the deceased?

Oes Na
Yes No

Os Oes, rhowch fanylion
If Yes, please give details.

5. Ai chi oedd ymarferydd meddygol arferol yr ymadawedig?
5. Were you the deceased's usual medical practitioner?

Ie Na
Yes No

Os Ie, nodwch am ba hyd
If Yes, please state for how long.

Os Na, rhowch fanylion am eich rôl feddygol yng nghyswllt yr ymadawedig.

If No, please give details of your medical role in relation to the deceased.

6. Nodwch am ba hyd y buoch yn gofalu am yr ymadawedig yn ystod ei waeledd olaf?

6. Please state for how long you attended the deceased during their last illness?

7. Nodwch am ba hyd y buoch yn gofalu am yr ymadawedig yn ystod ei waeledd olaf?

7. Please state the number of days and hours before the deceased's death that you last saw them alive?

Diwrnodau

Days

Oriau

Hours

8. Nodwch y dyddiad a'r amser pryd y bu i chi weld corff yr ymadawedig a'r archwiliad a wnaethoch ar y corff.

8. Please state the date and time that you saw the body of the deceased and the examination that you made of the body.

Dyddiad

Date

Amser

Time

Archwiliad

Examination

9. O'ch nodiadau meddygol, a'ch arsylwadau chi ac eraill yn union cyn marwolaeth yr ymadawedig ac adeg marwolaeth yr ymadawedig, disgrifiwch y symptomau a'r cyflyrau eraill a arweiniodd at eich casgliadau ynghylch achos y farwolaeth.
9. From your medical notes, and the observations of yourself and others immediately before and at the time of the deceased's death, please describe the symptoms and other conditions which led to your conclusions about the cause of death.

10. Os bu farw'r ymadawedig mewn ysbyty lle yr oeddynt yn glaf, a gynhaliwyd archwiliad post-mortem gan yr ysbyty neu dan gyfarwyddyd ymarferydd meddygol cofrestredig ers o leiaf bum mlynedd, nad yw'n berthynas i'r ymadawedig nac yn berthynas i chi nac yn bartner neu'n gydweithiwr yn yr un practis neu dîm clinigol â chi?
10. If the deceased died in a hospital at which they were an in-patient, has a hospital post-mortem examination been made or supervised by a registered medical practitioner of at least five years' standing who is neither a relative of the deceased nor a relative of yours or a partner or colleague in the same practice or clinical team as you?

Do Na
Yes No

Os Do, a ydych chi'n gwybod beth oedd canlyniadau'r archwiliad?
If Yes, are the results of that examination known to you?

Ydw Na
Yes No

Sylwer: Mae 'ers o leiaf bum mlynedd' yn golygu ymarferydd meddygol sydd wedi bod yn unigolyn cofrestredig llawn o fewn ystyr Deddf Meddygaeth 1983 am o leiaf bum mlynedd ac, os yw paragraff 10, Atodlen 1 Deddf Meddygaeth 1983 Gorchymyn (Diwygio) 2002 (S.I. 2002/3135), wedi dod i rym, wedi bod yn ddeiliad trwydded ymarfer am o leiaf bum mlynedd neu ers i'r paragraff hwnnw ddodi rym.

Note: 'Five years' standing' means a medical practitioner who has been a fully registered person within the meaning of the Medical Act 1983 for at least five years and, if paragraph 10 of Schedule 1 to the Medical Act 1983 (Amendment) Order 2002 (S.I. 2002/3135) has come into force, has held a licence to practice for at least five years or since the coming into force of that paragraph.

11. Rhowch achos y farwolaeth

11. Please give the cause of death

1. (a) Clefyd neu gyflwr a arweiniodd yn uniongyrchol at farwolaeth (nid yw hyn yn golygu'r modd y bu farw, megis methiant y galon, mygu (asphyxia), asthenia, ayb.: mae'n golygu'r clefyd, anaf neu gymhlethdod a achosodd farwolaeth)

1. (a) Disease or condition directly leading to death (this does not mean the mode of dying, such as heart failure, asphyxia, asthenia, etc.: it means the disease, injury, or complication which caused death)

(b) Clefyd neu gyflwr arall, os o gwbl, a arweiniodd at (a)
(b) Other disease or condition, if any, leading to (a)

(c) Clefyd neu gyflwr arall, os o gwbl, a arweiniodd at (b)
(c) Other disease or condition, if any, leading to (b)

2. Cyflyrau arwyddocaol eraill a gyfrannodd at y farwolaeth ond nad ydynt yn gysylltiedig â'r clefyd neu'r cyflwr a'i hachosodd.

2. Other significant conditions contributing to the death but not related to the disease or condition causing it.

12. A dderbyniodd yr ymadawedig lawdriniaeth yn ystod y flwyddyn cyn ei farwolaeth?

12. Did the deceased undergo any operation in the year before their death?

Do Na
Yes No

Os Do, beth oedd dyddiad a natur y lawdriniaeth a phwy a'i cyflawnodd?
If Yes, what was the date and nature of the operation and who performed it.

Dyddiad llawdriniaeth

Date of operation

Pwy a'i cyflawnodd

Who performed it

Natur y llawdriniaeth
Nature of operation

13. A oes gennych chi unrhyw reswm i gredu bod y llawdriniaeth(au) wedi byrhau einioes yr ymadawedig?
13. Do you have any reason to believe that the operation(s) shortened the life of the deceased?

Oes Na
Yes No

Os Oes, rhowch fanylion
If Yes, please give details.

14. Rhowch enw llawn a manylion cyfeiriad unrhyw unigolyn a fu'n nyrsio'r ymadawedig yn ystod ei waeledd olaf (Nodwch ai nyrs broffesiynol, perthynas ayb. Os oedd y gwaeledd yn un hir, dylid ateb y cwestiwn hwn gan gyfeirio at y cyfnod o bedair wythnos cyn y farwolaeth.)

14. Please give the full name and address details of any person who nursed the deceased during their last illness (Say whether professional nurse, relative, etc. If the illness was a long one, this question should be answered with reference to the period of four weeks before the death.)

15. A oedd unrhyw unigolion yn bresennol ar eiliad y farwolaeth?
15. Were there any persons present at the moment of death?

Oedd Na
Yes No

Os Oedd, rhowch enw llawn a manylion cyfeiriad yr unigolion hynny ac a ydych wedi siarad â hwy am y farwolaeth.
If Yes, please give the full name and address details of those persons and whether you have spoken to them about the death.

16. Os oedd unigolion yn bresennol ar eiliad y farwolaeth, a oedd gan yr unigolion hynny unrhyw bryderon ynghylch achos y farwolaeth?

16. If there were persons present at the moment of death, did those persons have any concerns regarding the cause of death?

Oedd Na
Yes No

Os Oedd, rhowch fanylion
If Yes, please give details

- 17.** Yng ngoleuni eich gwybodaeth am arferion a chyfansoddiad yr ymadawedig, a oes gennych chi unrhyw am heuon o gwbl am gymeriad yr afiechyd neu gyflwr a arweiniodd at y farwolaeth?
17. In view of your knowledge of the deceased's habits and constitution do you have any doubts whatever about the character of the disease or condition which led to the death?

Oes Na
Yes No

- 18.** A oes gennych chi unrhyw reswm i amau bod marwolaeth yr ymadawedig yn un
18. Have you any reason to suspect that the death of the deceased was

Treisgar	Oes	Na
Violent	Yes	No
Annaturiol	Oes	Na
Unnatural	Yes	No

- 19.** A oes gennych chi unrhyw reswm i dybio y byddai archwiliad pellach ar y corff yn ddymunol?
19. Have you any reason at all to suppose a further examination of the body is desirable?

Oes Na
Yes No

Os ydych chi wedi ateb Oes i gwestiynau 17, 18 neu 19, rhowch y rhesymau isod:
If you have answered Yes to questions 17, 18 or 19 please give details below:

- 20.** A roddwyd gwybod i grwner am y farwolaeth?
20. Has a coroner been informed about the death?

Do Na
Yes No

Os Do, nodwch y canlyniad.
If Yes, please state the outcome.

- 21.** A fu unrhyw drafod gyda swyddfa crwner am farwolaeth yr ymadawedig?
21. Has there been any discussion with a coroner's office about the death of the deceased?

Do Na
Yes No

Os Do, nodwch swyddfa pa grwner y cysylltwyd â hi a chanlyniadau'r trafodaethau.
If Yes, please state the coroner's office that was contacted and the outcome of the discussions.

- 22.** A ydych chi wedi rhoi'r dystysgrif angenrheidiol i gofrestru'r farwolaeth?
22. Have you given the certificate required for registration of death?

Ydw Na
Yes No

Os Na, rhowch enw llawn a manylion cysylltu'r ymarferydd meddygol a wnaeth hynny
If No, please give the full name and contact details of the medical practitioner who has

Enw llawn

Full name

Cyfeiriad

Address

Cod post

Postcode

Rhif ffôn

Telephone number

23. A oedd unrhyw impiad peryglus wedi'i osod yn y corff (e.e. rheolydd calon, dyfais ymbelydrol neu system hoelion "Fexion" i drwsio esgyrn)?

23. Was any hazardous implant placed in the body (e.g. a pacemaker, radioactive device or 'Fexion' intramedullary nailing system)?

Oedd Na

Yes No

Gall impiadau ddifrodi offer amlosgi os na thynnir hwy o gorff yr ymadawedig cyn amlosgi a gallai rhai triniaethau ymbelydrol beryglu iechyd staff yr amlogfa.

Implants may damage cremation equipment if not removed from the body of the deceased before cremation and some radioactive treatments may endanger the health of crematorium staff.

Os Oedd, a gafodd ei dynnu allan?

If Yes, has it been removed?

Oedd Na

Yes No

Rhan 3

Part 3

Datganiad gwirionedd

Statement of truth

Rwy'n tystio fy mod yn ymarferydd meddygol cofrestredig.

I certify that I am a registered medical practitioner.

Rwy'n tystio bod y wybodaeth a roddwyd gennyf uchod yn wir ac yn gywir hyd eithaf fy ngwybodaeth a'm cred ac na wn am unrhyw achos rhesymol dros amau y bu marwolaeth yr ymadawedig yn dreisgar neu'n annaturiol nac yn farwolaeth sydyn nad yw'r achos yn hysbys neu mewn lleoliad neu amgylchiadau sy'n golygu ei bod yn ofynnol cynnal cwest yn unol ag unrhyw Ddeddf.

I certify that the information I have given above is true and accurate to the best of my knowledge and belief and that I know of no reasonable cause to suspect that the deceased died either a violent or unnatural death or a sudden death of which the cause is unknown or in a place or circumstance which requires an inquest in pursuance of any Act.

Rwy'n ymwybodol ei bod yn drosedd gwneud datganiad ffug yn fwriadol er mwyn trefnu i amlosgi unrhyw olion dynol. I am aware that it is an offence to wilfully make a false statement with a view to procuring the cremation of any human remains.

Eich enw llawn
Your Full name

Cyfeiriad
Address

Cod post
Postcode

Rhif ffôn
Telephone number

Cymwysterau cofrestredig
Registered qualifications

Rhif cyfeirnod y Cyngor Meddygol Cyffredinol (GMC)
GMC reference number

Llofnodwyd
Signed

Pan fydd wedi'i chwblhau, rhaid i'r dystysgrif hon gael ei rhoi neu ei hanfon mewn amlen gaeedig gan, neu ar ran, yr ymarferydd meddygol sy'n ei llofnodi at yr ymarferydd meddygol sydd i roi'r dystysgrif feddygol gadarnhaol ac eithrio mewn achos pan gaiff cwestiwn 10 ei ateb yn gadarnhaol, ac mewn achos o'r fath rhaid i'r dystysgrif gael ei rhoi neu ei hanfon at y canolwr meddygol yn yr awdurdod amlosgi lle y mae'r amlosgi i ddigwydd.

Once completed, this certificate must be handed or sent in a closed envelope by, or on behalf of, the medical practitioner who signs it to the medical practitioner who is to give the confirmatory medical certificate except in a case where question 10 is answered in the affirmative, in which case the certificate must be so handed or sent to the medical referee at the cremation authority at which the cremation is to take place.