

SCHEDULE A  
(Section 6)

TRANSPORTATION OF REMAINS OF DECEASED PERSON  
INFECTED WITH A DESIGNATED DISEASE

Certificate of Funeral Director or Embalmer  
(or permit holder under section 10 of *The Funeral Directors and Embalmers Act*)

Certificate No. \_\_\_\_\_

I hereby certify that this case contains the dead body of \_\_\_\_\_  
of \_\_\_\_\_ who died of \_\_\_\_\_  
,  
a designated disease, on the \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_.

The necessary registration of death has been made and the said body has been prepared, and other related procedures complied with, in accordance with the laws of the Province of Manitoba.

**\* DO NOT REMOVE THIS CERTIFICATE**

**\* DO NOT OPEN THE CONTAINER OR COFFIN, AS IT HAS BEEN HERMETICALLY SEALED**

\_\_\_\_\_  
(Print Name of Funeral Director/ Embalmer/ permit holder  
under section 10 of *The Funeral Directors and Embalmers Act*)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Licence Number or Permit Number