

FORMS FOR CERTIFICATES AND OBLIGATIONS.

1. FOR THE INSANE IN GENERAL.

_____186 .

MEDICAL CERTIFICATE.

I hereby certify that _____ is insane, and ought to be placed in a hospital for the insane.

_____ *Physician.**Physician's P. O. Address* _____

OBLIGATION.

In consideration of _____ being admitted a patient into the Maryland Hospital, at Baltimore, at my request, I promise to pay to the President and Visitors thereof, at said hospital, in bankable funds, quarterly in advance, on the first days of January, April, July and October, with interest after said days respectively, the rate of _____ dollars a week for medical attendance, and for board, until said patient is removed by me from said hospital, and I promise also to pay for or to provide all requisite clothing and other things deemed proper for the health or comfort of the said patient, — to receive or to remove (him or her) when discharged, — and to pay for funeral expenses in the event of death.

Witness my hand this _____ day of _____186 , at _____

I request that said _____ shall be admitted into the Maryland Hospital ; and in consideration of (his or her) being so admitted, I hereby guarantee the performance of the above obligation.

_____ *Surety.*

To be signed by a citizen of Baltimore.

Baltimore, _____

N. B.—The first pre-payment will be made for the time from the date of admission to the 31st of March, or the 30th of June, or the 30th of September, or the 31st of December. When a patient is discharged, or dies, before the time paid for has expired, a balance will be placed to the credit of his account.