



CEMETERIES AND CREMATORIA REGULATIONS 2003

SECTION 8

Part A**Certificate of medical attendant**

The medical practitioner who signs this certificate must first see and identify the remains of the deceased.

If a coroner has certified the cause of death this certificate need not be completed.

When an accident has occurred within one year and one day of the date of death and has contributed thereto the death should be reported to the Coroner

Having attended the deceased before death and seen and identified the body after death I certify that the answers given to the following questions are to the best of my knowledge and belief true and correct.

Surname of deceased	Other names	Marital status	
Last permanent address		Address where death occurred (say if own residence, lodgings, hotel, hospital etc)	
Date of birth	If date of birth is unknown give AGE as accurately as possible	Date of death	Hour of death
			a.m. p.m.

When did you last see the deceased alive?
(Say number of hours or days before death).....
How soon after death did you see the body?.....

What examination did you make?

What was the disease or condition directly leading to death?	
What other significant conditions contributing to death but not related to the disease or condition causing it were in evidence?	
Mode of death (say whether syncope, exhaustion, convulsion, coma, etc?)	State in durations days hours minutes

To what extent are the answers to the preceding five questions based on your own observations?

If based on statements by others, say by whom and to what extent?

Who nursed the deceased during his/her final illness? (if illness was a long duration, answer is respect to period of four weeks before death)
.....

Say if professional nurse, relative etc.....

Who was present at moment of death?.....

Answer 'Yes' or 'No' to the following questions – if the answer to any Question is 'Yes' give particulars

Are you a relative of the deceased		
Have you, as far as you are aware, any pecuniary interest in the death of the deceased? Give details		
Were you the ordinary medical attendant of the deceased? For how long?		
Did you attend the deceased during his/her last illness? For how long?		
As far as you are aware, did the deceased undergo any operation during the final illness or within one year before death?	Nature of operation	By whom performed
In view of the knowledge of the deceased's habits and constitution, do you feel any doubts whatsoever as to the character of the disease or cause of death?		

Have you any reason to suspect the death was due directly or indirectly to any of the following? Give reasons

Violence Poison Privation or neglect Illegal Operation	Drowning Suffocation Burns Other than natural causes
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Do you have any reason whatsoever to suppose a further examination of the body may be desirable?

Have you given the certificate required for registration of death?	If not say by whom given
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CARDIAC PACEMAKERS IMPORTANT: Mercury or lithium batteries in pacemakers can cause an explosion if left in the body, which is cremated. Radioactive implants may be a health hazard.	Has the deceased been fitted with a cardiac pacemaker? a) was it radio-active powered? b) was it powered by mercury or lithium or similar batteries? c) other radio-active or chemical implant?	YES / NO YES / NO YES / NO YES / NO YES / NO
Has the pacemaker or implant been removed?		

NOTE: Cremation may be refused if a pacemaker or other potentially dangerous implant is not removed

I certify that I know of no reason to suspect that the deceased died either a violent or unnatural death or a sudden death the cause of which is unknown, or died in such place or circumstances as to require an inquest in pursuance of any law and that there are no circumstance of any sort known to me which make it undesirable that the body should be cremated.

Signature..... Qualifications..... Date.....

Surname (block letters)..... Address..... Telephone.....



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SECTION 8

<i>Part B</i>	To be completed by a medical practitioner who is duly appointed medical referee pursuant to the provision of Section 22 of the <i>Cemeteries and Crematoria Regulations 2003</i> .
Certificate of medical referee	

MEDICAL REFEREE TO NOTE: You should not proceed with *Part B* if you consider further enquiry is necessary before the body is cremated. If you so decide, insert a clear statement of your reasons below; if space is insufficient attach a statement.

I certify that I have carefully perused the statements contained in *Part A* and in the *Application for Cremation* or *Application for Burial* and I have made a careful external examination of the body of the undermentioned deceased

Surname of deceased.....

Other names.....

Application signed by..... Application dated.....

I declare

- a. that I am duly appointed medical referee pursuant to the provisions of Section 22 of the *Cemeteries and Crematoria Regulations 2003*;
 - b. that I am not a relative of the deceased;
 - c. that I am not a relative or employer of, or in partnership with, or deriving any professional remuneration from any medical practitioner who professionally attended the deceased;
 - d. that I have not acquired and do not anticipate acquiring directly or indirectly any property or pecuniary or other benefit of any description by or by reason of the death of the deceased;
 - e. that I have made careful and independent enquiry into the circumstances attending the death of the deceased.

State the nature of enquires made.

.....

Was a post morton examination carried out?.

Did it reveal any condition demanding further enquiry If yes, say what condition and what further enquiry is necessary.....

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In my opinion the primary ca-

- f. that I specially inquired into the possibility of death being the result of poison, of injury inflicted by the deceased or any other person, or by any illegal operation;
 - g. that there are no circumstances connected with the death which could in my opinion make exhumation of the body hereafter necessary;
 - h. that I am of the opinion that there is no circumstance concerning the death of the deceased that demands in the interests of justice any further inquiry before the body is cremated.

Signature _____ **Date** _____

Name (in block letters) _____ Qualifications _____

Address _____ **Telephone** _____