

## Certificate of Medical Referee

Note: To be completed by a doctor who is a medical referee appointed under S41 of the *Cemeteries and Crematoria Act 2020* (ACT)

### Deceased Details

<b>Surname:</b>		<b>Other Names:</b>	
<b>Date of Birth:</b>		<b>Date of Death:</b>	
<b>Time of Death:</b>		<b>Place of death:</b>	
<b>Hour of Death:</b>		<b>Gender:</b>	
<b>Address of deceased:</b>			

### Has the deceased been fitted with:

- |   |        |
|---|--------|
| ➤ Cardiac defibrillator, battery powered  | YES/NO |
| ➤ Cardiac pacemaker, battery powered  | YES/NO |
| ➤ Drug infusion pump  | YES/NO |
| ➤ Internal micro pacemaker  | YES/NO |
| ➤ Irradiated metal pellets  | YES/NO |
| ➤ Any battery (whether or not implanted in the body), or other items which explode when subjected to heat | YES/NO |

If yes to the above, have these items been removed? YES/NO

**Note:** 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. Cremation may be refused if a pace maker or other potentially dangerous implant is not removed.

I state:

- I am a medical referee appointed under S41 of the Cemeteries and Crematoria ACT 2020 (ACT).
- I have read the medical Certificate of Cause of Death.
- I have read the Application for Cremation.
- I have examined the body of the deceased.
- I have made a careful and independent inquiry into the circumstances surrounding the death of the deceased.
- I agree with the cause of death as shown in the Medical Certificate of Cause of Death.
- In my opinion the death is not required to be reported under the Coroners ACT 1997 (ACT).
- In my opinion there is no circumstance concerning the death of the deceased that might necessitate further examination of the body before it is cremated.
- In my opinion there is no reason why the cremation should not proceed.
- I am not a relative of the deceased.
- I am not a relative or employer of, or in partnership with, or deriving any professional remuneration from any doctor who professionally attended the deceased.
- That apart from any fee payable for the provision of this certificate, I have not acquired and do not anticipate acquiring directly or indirectly any property or pecuniary or other benefit of any description by reason of the death of the deceased
- I certify that there is no medical reason why the deceased should not be cremated.

<b>Signature:</b>		<b>Date:</b>	
<b>Name:</b>		<b>Contact phone no:</b>	
<b>Address:</b>			
<b>Email:</b>			