
STATUTORY INSTRUMENTS

2017 No. 1238

CREMATION, ENGLAND AND WALES

The Cremation (England and Wales)
(Amendment) Regulations 2017

<i>Made</i>	- - - -	<i>18th December 2017</i>
<i>Laid before Parliament</i>		<i>21st December 2017</i>
<i>Coming into force</i>	- -	<i>6th April 2018</i>

The Secretary of State makes the following Regulations in exercise of the powers conferred by section 7 of the Cremation Act 1902⁽¹⁾:

Citation and commencement

1. These Regulations may be cited as the Cremation (England and Wales) (Amendment) Regulations 2017 and come into force on 6th April 2018.

Amendment of the Cremation (England and Wales) Regulations 2008

2. The Cremation (England and Wales) Regulations 2008⁽²⁾ are amended as follows.

Amendment of regulation 2 (interpretation)

3. In regulation 2(1), in the definition of “cremation authority” for “article” substitute “regulation”.

Amendment of regulation 14 (forms)

4. After regulation 14(1) insert—

“(1A) A form set out in Schedule 1 may be used in electronic form, provided that it has the electronic signature of any person who is required to sign it.

(1) 1902 c.8. Section 7 was amended by Part 5 of Schedule 11 to the Finance Act 1949 (c.47) and by section 2(1) and (2) of the Cremation Act 1952 (c.31). By virtue of section 10 of the Births and Deaths Registration Act 1926 (c.48), the power to make regulations under section 7 of the Cremation Act 1902 includes a power to make regulations for the purpose of applying the provisions of the Births and Deaths Registration Act 1926 to cases where human remains are disposed of by cremation.

(2) S.I. 2008/2841, as amended by S.I. 2013/1869, 2015/1360, 2016/883, and 2016/1154.

(1B) In paragraph (1A), “electronic signature” has the meaning given in section 7(2) of the Electronic Communications Act 2000(3).

(1C) Any reference in these Regulations to a form set out in Schedule 1 is to be regarded as including—

- (a) a form which contains all the information required by that form, but the format of which differs in an immaterial respect;
- (b) a Welsh language version, or an English and Welsh language version, of that form.”.

Amendment of regulation 29 (incineration of body parts)

5. In regulation 29(2), for the definition of “incinerated” substitute—

““incinerated” means burnt in an incinerator as part of an activity in Part B(b) in section 5.1 of Part 2 of Schedule 1 to the Environmental Permitting (England and Wales) Regulations 2016(4);”.

Amendment of regulation 30 (disposal of ashes)

6. In regulation 30—

(a) for paragraphs (1) and (2) substitute—

“(1) Subject to paragraph (2) and regulation 37(5) and (6), after a cremation the cremation authority—

- (a) must dispose of the ashes in accordance with the applicant’s instructions for ashes; or
- (b) in any case where the applicant does not give instructions for ashes, or where the ashes are not collected in accordance with those instructions, may dispose of the ashes in accordance with paragraph (3);

where “instructions for ashes” means the instructions given on the application form completed by the applicant, or any subsequent written instructions given by the applicant to the cremation authority.

(2) In exceptional circumstances the cremation authority may at their discretion release the ashes to someone other than the applicant or the applicant’s nominee.”.

(b) in paragraph (3), for “Subject to any special arrangements for the burial or preservation of the ashes, any ashes retained” substitute “Where paragraph (1)(b) applies, any ashes held”;

(c) in paragraph (4), for the words from “unless 14 days” to the end, substitute “unless the cremation authority has made reasonable attempts to give the applicant 14 days’ notice of their intention to do so”.

Amendment of regulation 37 (savings and transitional provisions)

7. In regulation 37—

(a) for paragraph (3) substitute—

“(3) Notwithstanding the coming into force of the Cremation (England and Wales) (Amendment) Regulations 2017(5) on 6th April 2018, forms—

(3) 2000 c.7. Section 7(2) was amended by [S.I. 2016/696](#) and provides that an electronic signature is so much of anything in electronic form as: (a) is incorporated into or otherwise logically associated with any electronic communication or electronic data, and (b) purports to be used by the individual creating it to sign.

(4) [S.I. 2016/1154](#).

(5) [S.I. 2017/1238](#).

- (a) “Cremation 1” (Application for cremation of the body of a person who has died), “Cremation 2” (Application for cremation of body parts), and “Cremation 3” (Application for cremation of stillborn baby), set out in Schedule 1 to these Regulations as in force before that date; and
 - (b) submitted to the cremation authority before that date;
- may be used in the cases to which they apply in relation to any cremation held on or after that date.”,
- (b) after paragraph (4) insert—
 - “(5) Paragraph (6) applies in any case where, on or after 6th April 2018—
 - (a) a cremation authority holds ashes from a cremation; and
 - (b) the application for that cremation was made on one of the forms referred to in paragraph (3)(a).
 - (6) Where this paragraph applies—
 - (a) “instructions for ashes” in regulation 30(1) means—
 - (i) any written instructions, or other instructions, given by the applicant to the cremation authority before 6th April 2018;
 - (ii) any written instructions given by the applicant to the cremation authority on or after 6th April 2018;
 - (b) if no instructions for ashes are given in accordance with sub-paragraph (a), the cremation authority must retain the ashes, subject to regulation 30(2) to (4).”.

Amendment of Schedule 1 (forms)

- 8.** In Schedule 1 (forms), for the forms—
- (a) “Cremation 1” (Application for cremation of the body of a person who has died),
 - (b) “Cremation 2” (Application for cremation of body parts), and
 - (c) “Cremation 3” (Application for cremation of stillborn baby),
- substitute the forms set out in the Schedule to these Regulations.

18th December 2017

Phillip Lee
Parliamentary Under Secretary of State
Ministry of Justice

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

SCHEDULE

Regulation 8

Forms

Application for cremation of the body of a person who has died

Cremation 1
replacing Cremation 1
issued 2009

10.17

This form can only be completed by a person who is at least 16 years of age.
Please complete this form in full, if a part does not apply enter 'N/A'.

Part 1 Details of the crematorium

Name of crematorium where cremation will take place

Name of funeral director

Telephone number

Part 2 Your details (the applicant)

Your full name

Address

Telephone number

Email

Part 3 Details of the person who has died

Full name

Address

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

Regulation 16(1)(a) of the Cremation (England and Wales) Regulations 2008

Part 3 continued

Age at date of death

Sex

 Male Female

Status

 married/civil partnership widow/widower/surviving civil partner Single

Part 4 The application

1. Are you a near relative or an executor of the person who has died? Yes No

Near relative means the widow, widower or surviving civil partner of the person who has died, or a parent or child of the person who has died, or any other relative usually residing with the person who has died.

If No, please give the nature of your relationship and explain why you are making the application rather than a near relative or an executor.

2. Is there any near relative(s) or executor(s) who has not been informed of the proposed cremation? Yes No

If Yes, please give the name(s) and the reason(s) why they have not been contacted.

3. Has any near relative or executor expressed any objection to the proposed cremation? Yes No

If Yes, please give details.

4. What was the date and time of death of the person who has died?

Date

 / /

Time

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

Part 4 continued

5. Please give the address where the person died.

Address

Please state whether it was the residence of the person who has died or a hotel, hospital, or nursing home etc.

Their home Hospital Other (please specify)

Hotel Nursing home

6. Do you know or suspect that the death of the person who has died was violent or unnatural? Yes No

7. Do you consider that there should be any further examination of the remains of the person who has died? Yes No

If you have answered Yes to questions 6 or 7, please give reasons below.

8. What is the name, address and telephone number of the usual doctor of the person who has died?

Doctor's name

Address

Telephone number

Cremation 1

3

continued over the page ⇨

6

Part 4 continued

9. Please give the name, address and telephone number of the doctor(s) who attended the person who has died during their last illness.

Doctor's name

Address

Telephone number

Doctor's name

Address

Telephone number

10. Was any implant placed in the body which may become hazardous when the body is cremated (e.g. a pacemaker, radioactive device, battery powered device or "Fixion" intramedullary nailing system)?

Yes No
 I don't know

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.

If Yes, please give details and state whether it has been removed.

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Part 5 Inspection of certificates

You are entitled to inspect the certificates (if any) given by doctors under regulation 16(1)(c)(i) of the Cremation (England and Wales) Regulations 2008 (forms Cremation 4 and Cremation 5). If you do not wish to inspect any such certificates yourself you may nominate another person to inspect them instead of you.

Such certificates will only be available for inspection at the offices of the cremation authority for **48 hours** from the time that the cremation authority notifies you, or the person you have nominated, that the certificates are available to be inspected. You may take someone with you when you attend to inspect the certificates. If you, or the person nominated by you, do not attend to inspect the certificates at the time agreed with the cremation authority, the cremation may then proceed.

Please state if you would like to inspect the certificates given by the doctors or whether you would like to nominate someone else to do so instead and give a contact telephone number.

If certificates are given by medical practitioners:

I would like to inspect the certificates and
my contact telephone number is

I nominate
to inspect the certificates and their
contact telephone number is

Part 6 Applicant's instructions for ashes

Local practices regarding ashes vary and your funeral director or cremation authority will be able to advise you about these.

Please then tick the relevant box to confirm whether you have chosen Option 1, 2 or 3 below for the ashes following this cremation, and provide further details in the relevant free text box.

If you choose Option 1 or 2 you may alter your choice, confirmed in writing with your signature, before the cremation authority has made arrangements to implement your chosen option, so please advise your funeral director or the crematorium as soon as possible if you change your mind.

Option 1: Ashes to be scattered / interred / otherwise dealt with by the crematorium

Please give further details of your wishes here, from the options offered by the crematorium, for instance where the ashes should be scattered / placed and when; and whether you wish this to be witnessed.

Part 6 continued

Option 2: Ashes to be collected from the crematorium

Please give further details of your wishes here, such as who will collect the ashes (for instance you and / or another family member, the funeral director, or another specified person); and by which date, if known. The person collecting the ashes should bring a form of identification.

Option 3: Ashes to be held awaiting your decision

Please give further details of your wishes here, for instance where and for how long the ashes should be held awaiting your decision.

When you have later made a decision, please confirm this, in writing with your signature, to your funeral director or crematorium.

Part 7 Recovery of ashes

Despite every effort being made to recover ashes following a cremation, on very rare occasions (particularly with a cremation of stillborn children) there may be no recoverable ashes. If you have any questions about this, please ask your funeral director or crematorium.

Please tick the box below to confirm that you understand this and that you wish to proceed with the cremation.

Part 8 Statement of truth

I apply for the body of the person who has died to be cremated and I certify that I am at least 16 years of age.

I believe that the facts given in this application are true. I am aware that it is an offence to wilfully make a false statement with a view to obtaining the cremation of any human remains.

Print your full name

Signed

Dated

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Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

Application for cremation of body parts

Cremation 2
replacing Cremation 2
issued in 2009

10.17

Body parts means material consisting of, or including, human cells from a deceased person or stillborn baby.

This form can only be completed by a person who is at least 16 years of age.

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

If your application is about a stillborn baby, replace the words 'person who has died' throughout this form with the words 'stillborn baby'.

Part 1 Details of the crematorium

Name of crematorium where cremation will take place

Name of funeral director

Telephone number

Part 2 Your details (the applicant)

Your full name

Address

Telephone number

Email

Part 3 Details of the person who has died

In the case of a stillborn baby who has not been given a name, in place of the name and address insert a description sufficient to identify the baby.

Full name

Address

Part 3 continued

Age at date of death

Sex

Male

Female

Status

married/civil partnership

widow/widower/surviving civil partner

Single

Part 4 The application

1. Are you a near relative or an executor of the person who has died? Yes No

Near relative means the widow, widower or surviving civil partner of the person who has died, or a parent or child of the person who has died, or any other relative usually residing with the person who has died, or a parent of a stillborn baby.

If No, please give the nature of your relationship and explain why you are making the application rather than a near relative or an executor.

2. Is there any near relative(s) or executor(s) who has not been informed of the proposed cremation? Yes No

If Yes, please give the name(s) and the reason(s) why they have not been contacted.

3. Has any near relative or executor expressed any objection to the proposed cremation? Yes No

If Yes, please give details.

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

Part 4 continued

4. What was the date and place of the death or stillbirth?

Date / /

Address

5. Please give the name and address of the cemetery, churchyard or crematorium where the body of the person who has died was buried or cremated.

Name of cemetery, churchyard or crematorium

Address

6. Please give the date that the burial or cremation took place.

Date / /

7. Please state whether the body parts were removed from the body of the person who has died at a:

- Coroner's post-mortem examination Hospital post-mortem examination
 Other (please specify)

Part 4 continued

8. Do you consider that there should be any further examination of the remains of the person who has died? Yes No

If Yes, please give reasons below.

Part 5 Applicant's instructions for ashes

Local practices regarding ashes vary and your funeral director or cremation authority will be able to advise you about these.

Please then tick the relevant box to confirm whether you have chosen Option 1, 2 or 3 below for the ashes following this cremation, and provide further details in the relevant free text box.

If you choose Option 1 or 2 you may alter your choice, confirmed in writing with your signature, before the cremation authority has made arrangements to implement your chosen option, so please advise your funeral director or the crematorium as soon as possible if you change your mind.

- Option 1: Ashes to be scattered / interred / otherwise dealt with by the crematorium**

Please give further details of your wishes here, from the options offered by the crematorium, for instance where the ashes should be scattered / placed and when; and whether you wish this to be witnessed.

- Option 2: Ashes to be collected from the crematorium**

Please give further details of your wishes here, such as who will collect the ashes (for instance you and / or another family member, the funeral director, or another specified person); and by which date, if known. The person collecting the ashes should bring a form of identification.

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

Part 5 continued

Option 3: Ashes to be held awaiting your decision

Please give further details of your wishes here, for instance where and for how long the ashes should be held awaiting your decision.

When you have later made a decision, please confirm this, in writing with your signature, to your funeral director or crematorium.

Part 6 Recovery of ashes

Despite every effort being made to recover ashes following a cremation, on very rare occasions (particularly with a cremation of stillborn children) there may be no recoverable ashes. If you have any questions about this, please ask your funeral director or crematorium.

Please tick the box below to confirm that you understand this and that you wish to proceed with the cremation.

Part 7 Statement of truth

I apply for the following body parts of the person who has died to be cremated and I certify that I am at least 16 years of age.

Specify body parts to be cremated.

I believe that the facts given in this application are true. I am aware that it is an offence to wilfully make a false statement with a view to obtaining the cremation of any human remains.

Print your full name

Signed

Dated

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Application for cremation of stillborn baby

Cremation 3
replacing Cremation 3
issued 2009

10.17

This form can only be completed by a person who is at least 16 years of age.
Please complete this form in full, if a part does not apply enter 'N/A'.

Part 1 Details of the crematorium

Name of crematorium where cremation will take place

Name of funeral director

Telephone number

Part 2 Your details (the applicant)

Your full name

Address

Telephone number

Email

Part 3 Details of the stillborn baby

In the case of a stillborn baby who has not been given a name, in place of the name insert a description sufficient to identify the baby.

Full name of baby

Sex

Male

Female

Date of stillbirth

 / /

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

Part 4 The application

1. Are you a parent of the stillborn baby? Yes No

If No, please give the nature of your relationship and explain why you are making the application.

2. Have both parents been informed of the proposed cremation? Yes No

If No, please give the name of the parent and the reason(s) why they have not been contacted.

3. Has a parent of the stillborn baby expressed any objection to the proposed cremation? Yes No

If Yes, please give details.

4. Please give the address where the baby was stillborn.

Address

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Please state whether it was the applicant's own home, hospital etc.

Part 4 continued

5. Do you know or suspect that the baby was not stillborn? Yes No
6. Do you consider that there should be any further examination of the stillborn baby's remains? Yes No

If you have answered Yes to questions 5 or 6, please give reasons below.

Part 5 Applicant's instructions for ashes

Local practices regarding ashes vary and your funeral director or cremation authority will be able to advise you about these.

Please then tick the relevant box to confirm whether you have chosen Option 1, 2 or 3 below for the ashes following this cremation, and provide further details in the relevant free text box.

If you choose Option 1 or 2 you may alter your choice, confirmed in writing with your signature, before the cremation authority has made arrangements to implement your chosen option, so please advise your funeral director or the crematorium as soon as possible if you change your mind.

Option 1: Ashes to be scattered / interred / otherwise dealt with by the crematorium

Please give further details of your wishes here, from the options offered by the crematorium, for instance where the ashes should be scattered / placed and when; and whether you wish this to be witnessed.

Option 2: Ashes to be collected from the crematorium

Please give further details of your wishes here, such as who will collect the ashes (for instance you and / or another family member, the funeral director, or another specified person); and by which date, if known. The person collecting the ashes should bring a form of identification.

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

Part 5 continued

Option 3: Ashes to be held awaiting your decision

Please give further details of your wishes here, for instance where and for how long the ashes should be held awaiting your decision.

When you have later made a decision, please confirm this, in writing with your signature, to your funeral director or crematorium.

Part 6 Recovery of ashes

Despite every effort being made to recover ashes following a cremation, on very rare occasions (particularly with a cremation of stillborn children) there may be no recoverable ashes. If you have any questions about this, please ask your funeral director or crematorium.

Please tick the box below to confirm that you understand this and that you wish to proceed with the cremation.

Part 7 Statement of truth

I apply for the stillborn baby to be cremated and I certify that I am at least 16 years of age.

I believe that the facts given in this application are true. I am aware that it is an offence to wilfully make a false statement with a view to obtaining the cremation of any human remains.

Print your full name

Signed

Dated

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EXPLANATORY NOTE

(This note is not part of the Regulations)

The Cremation (England and Wales) Regulations 2008 make provision about the cremation and incineration of human remains.

This instrument amends those Regulations to make provision for the applicant for a cremation (usually the executor, or a close relative of the deceased) to give instructions to the cremation authority as to the disposal of the ashes. It substitutes three new cremation forms to enable applicants to give those instructions, and makes provision for all cremation forms to be submitted electronically.

An impact assessment of the anticipated effect that this instrument will have on the costs of business, the voluntary sector and the public sector is available from coroners@justice.gsi.gov.uk; or by writing to the Coroners, Burials, Cremations and Inquiries Policy Team, Ministry of Justice, Post Point 3.37, 102 Petty France, London SW1H 9AJ and can be found at www.gov.uk/government/uploads/system/uploads/attachment_data/file/545919/impact-assessment.pdf.