

pension; paragraph (1) provides that a part of such a pension (being a part payable at not less than the specified rate and referred to, in the Regulations, as the secured portion) shall not, except for a cause prescribed under section 7 (1) (c), be withdrawn or, save as respects a period before insured pensionable age, suspended (the expression "secured portion" is defined in Regulation 8 (6)); paragraph (2) makes consequential amendments to the Order mentioned above, under which fire service pensions are payable.

Regulation 4 provides for the reduction of certain awards under that Order where a payment in lieu of contributions under the Act of 1959 is also payable.

Regulations 5 and 6 provide that, where account is taken of a period of service or employment for the purposes both of a fire service pension and of graduated retirement benefit under the National Insurance scheme, the fire service pension shall be abated.

Regulation 7 provides that where account is taken of a period of service or employment for the purposes both of an ill-health pension, being a pension of which the secured portion is payable by virtue of Regulation 3 (2) (a), and of some other fire service pension, the latter shall be abated by the secured portion of the former.

1961. No. 61

[C]

PUBLIC HEALTH

Cremation

REGULATIONS*, DATED 16TH MARCH, 1961, MADE BY THE MINISTER OF HEALTH AND LOCAL GOVERNMENT UNDER SECTION SEVEN OF THE CREMATION ACT, 1902, AS APPLIED BY SECTION TWENTY-SIX OF THE BELFAST CORPORATION (GENERAL POWERS) ACT (NORTHERN IRELAND), 1948.

The Minister of Health and Local Government, in exercise of the powers conferred upon him by section seven of the Cremation Act, 1902(a), as applied by section twenty-six of the Belfast Corporation (General Powers) Act (Northern Ireland), 1948(b), and of all other powers enabling him in that behalf, hereby makes the following regulations:—

Short title

1. These regulations may be cited as the Cremation (Belfast) Regulations (Northern Ireland), 1961.

Interpretation

2. In these regulations the expression "Cremation Authority" means the Council of the County Borough of Belfast.

"Medical Referee" means a medical referee or a deputy medical referee appointed in pursuance of regulation 11.

"Ministry" means the Ministry of Health and Local Government for Northern Ireland.

(a) 2 Ed. 7. c. 8.

(b) 1948. c. i.

*These regulations, having lain before both Houses of Parliament for the statutory period, came into force on the 27th June, 1961.

“Health Authority” has the meaning given to it in the Public Health and Local Government (Administrative Provisions) Act (Northern Ireland), 1946(a).

Maintenance and Inspection of Crematorium

3. The crematorium shall be—

- (a) maintained in good working order;
- (b) provided with a sufficient number of attendants; and
- (c) kept constantly in a clean and orderly condition.

Provided that the crematorium may be closed by order of the Cremation Authority if not less than one month's notice be given by advertisement in two newspapers circulating in the locality and by written notice fixed at the entrance to the crematorium.

The Cremation Authority shall give notice in writing to the Ministry of the opening or closing of the crematorium.

4. The crematorium shall be open to inspection at any reasonable time by any person appointed for that purpose by the Ministry.

Conditions under which Cremations may take place

5. No cremations of human remains shall take place in the crematorium until notice of the opening has been given to the Ministry.

6. It shall not be lawful to cremate the remains of any person who is known to have left a written direction to the contrary.

7. It shall not be lawful to cremate human remains which have not been identified.

8. Except where an investigation has been made in pursuance of section 11(1) of the Coroners Act (Northern Ireland), 1959(b), or where an inquest has been held or where a post-mortem examination has been made in pursuance of section 28(1) of the Coroners Act (Northern Ireland), 1959, and a certificate given by the Coroner in Form E, no cremation shall be allowed to take place until the death of the deceased has been duly registered and there has been produced—

- (a) a certificate of registration by a Registrar of Births and Deaths in the form of Form D in the First Schedule appended to the Births and Deaths Registration Act (Ireland), 1880(c); or
- (b) a certificate of Registration issued by a Registrar of Births and Deaths in the form of Form 3 in the Schedule to the Order(d) made under the Registration of Still-Births Act (Northern Ireland), 1960(e); or
- (c) an equivalent certificate of registration in Scotland; or
- (d) if death occurred in England or Wales an acknowledgment by a Coroner that notice of the intention to remove the body out of England or Wales has been received by him together with an intimation that he does not intend to hold an inquest.

9. No cremation shall be allowed to take place unless application therefor be made, and the particulars stated in the application be confirmed by statutory

(a) 1946. c. 19.

(b) 1959. c. 15.

(c) 43 & 44 V. c. 13.

(d) S.R. & O. (N.I.) 1960, No. 211.

(e) 1960. c. 18.

declaration in accordance with Form A in the Schedule hereto. The application must be signed and the statutory declaration made by an executor or by the nearest surviving relative of the deceased, or, if made by any other person, must show a satisfactory reason why the application is not made by an executor or by the nearest surviving relative.

Provided that an application for the cremation of the remains of a still-born child shall be made in accordance with Form H in the Schedule hereto.

10. Except as hereafter provided, no cremation shall be allowed to take place unless—

- (a) a certificate in Form B in the Schedule has been given by a registered medical practitioner who has attended the deceased during his last illness and who can certify definitely as to the cause of death, and a confirmatory medical certificate in Form C in the Schedule has been given by a registered medical practitioner of not less than five years' standing who is not a relative of the deceased or a relative, partner or assistant of the practitioner who has given the certificate in Form B or by the Medical Referee acting under regulation 12; or
- (b) where the application relates to the body of a still-born child a certificate in Form I in the Schedule has been given by the Registered Medical Attendant present at the still-birth or who has examined the body or by a Certified Midwife where no doctor was present at the still-birth, or has examined the body; or
- (c) a post-mortem examination has been made by a registered medical practitioner approved under section 26 of the Coroners Act (Northern Ireland), 1959, and appointed by the Cremation Authority (or in case of emergency appointed by the Medical Referee) and a certificate given by him in Form D in the Schedule; or
- (d) a post-mortem examination has been made and the cause of death has been certified by the Coroner under section 28, sub-section 2 of the Coroners Act (Northern Ireland), 1959, and a certificate has been given by the Coroner in Form E; or
- (e) an inquest has been held and the cause of death has been certified by the Coroner and a certificate has been given by the Coroner in Form E; provided that in any case in which the death occurs in connection with an industrial, railway, flying or road accident and the Coroner adjourns the inquest with a view to the investigation of the causes of the accident, he may give a certificate in Form E with the necessary modifications if he is satisfied that death was due to an accident, without waiting for the termination of the inquest; or
- (f) an inquest is considered unnecessary and a certificate has been given by the Coroner in Form E.

No cremation shall take place except on the written authority of the Medical Referee given in Form F in the Schedule.

11. The Cremation Authority shall with the approval of the Ministry appoint a Medical Referee and a Deputy Medical Referee, who must be registered medical practitioners of not less than five years' standing and must possess such experience and qualifications as will fit them for the discharge of the duties required of them by these regulations. The Medical Referee or Deputy Medical Referee if otherwise qualified may be a person holding the office of Medical Officer of Health.

The Deputy Medical Referee shall act in the absence of the Medical Referee and in any case in which the Medical Referee has been the medical attendant of the deceased, or of the mother in the case of a still-born child.

12. It shall be lawful for the Medical Referee if he has personally investigated the cause of death to give a certificate in Form C, and if he has been approved under section 26 of the Coroners Act (Northern Ireland), 1959, and has made the post-mortem examination to give a certificate in Form D.

13. The duties of the Medical Referee shall be as follows:—

- (a) He shall not allow any cremation to take place if it appears that the deceased left a written direction to the contrary.
- (b) He shall not allow any cremation to take place if the remains have not been identified.
- (c) He shall, before allowing the cremation, examine the application and certificates referred to in Regulations 8 and 10 (including the acknowledgment and intimation by a Coroner referred to in Regulation 8(d) if any) and ascertain that they are such as are required by these regulations and that the inquiry made by the persons giving the certificates has been adequate. He may make any inquiry with regard to the application and certificates that he may think necessary.
- (d) He shall not allow the cremation unless he is satisfied that the application is made by an executor or by the nearest surviving relative of the deceased or, if made by any other person, that the fact that the executor or nearest relative has not made the application is sufficiently explained and that the person making the application is a proper person to do so.
- (e) He shall not allow the cremation unless he is satisfied that the fact and cause of death have been definitely ascertained; and in particular, if the cause of death assigned in the medical certificates be such as, regard being had to all the circumstances, might be due to such circumstances as may require investigation he shall require a post-mortem examination to be held by a registered medical practitioner approved under section 26 of the Coroners Act (Northern Ireland), 1959, and if that fails to reveal the cause of death, shall decline to allow the cremation unless a certificate is given by the Coroner in Form E.
- (f) If it appears that the deceased person died either directly or indirectly as a result of violence or misadventure or by unfair means, or as a result of negligence or misconduct or malpractice on the part of others, or from any cause other than natural illness or disease for which he had been seen and treated by a registered medical practitioner within twenty-eight days prior to his death or in such circumstances as may require investigation (including death as the result of the administration of an anaesthetic) or if there is any suspicious circumstances whatsoever, whether revealed in the certificates or otherwise coming to his knowledge, he shall decline to allow the cremation unless a certificate is given by the Coroner in Form E.
- (g) If it appears that a still-birth was due to malpractice or to inattention at birth he shall decline to allow cremation of the body of the still-born child unless a certificate is given by the Coroner in Form E.
- (h) Where the facts and circumstances of the death have been notified to a Coroner, the Medical Referee shall not allow the cremation to take place until a certificate is given by the Coroner in Form E.

- (i) He may refuse to grant authority for the cremation until he has himself examined the body and may in any case decline to allow the cremation without stating any reason.
- (j) He shall make such reports to the Ministry as may from time to time be required.
14. (a) In the case of the remains of a person who has died (or a child which was still-born) in England or Wales, the Medical Referee may accept an application and certificates made or given in accordance with regulations made in pursuance of section 7 of the Cremation Act, 1902, as amended by the Cremation Act, 1952(a), and section 10 of the Births and Deaths Registration Act, 1926(b), and having effect in England and Wales.
- (b) In the case of the remains of a person who has died (or a child which was still-born) in Scotland, the Medical Referee may accept an application and certificates made or given in accordance with regulations made in pursuance of section 7 of the Cremation Act, 1902, as amended by the Cremation Act, 1952, and having effect in Scotland.
- (c) In the case of the remains of a person who has died (or a child which was still-born) in any other place out of Northern Ireland, the Medical Referee may accept an application containing the particulars prescribed in Form A or H if it be accompanied by a declaration by the applicant that all the particulars given therein are true to the best of his knowledge and belief, made before any person having authority in that place to administer an oath or take a declaration and he may accept certificates in Forms B, C, D and I, if they be signed by any medical practitioners who are shown to his satisfaction to possess qualifications substantially equivalent to those prescribed in the case of each certificate by these regulations.

In any such last-mentioned case the Ministry, if satisfied that the case is one in which cremation may properly take place, may authorise the Medical Referee to allow the cremation without the production of Forms B, C and I.

15. Regulations 7-14 shall not apply to the cremation of the remains of a deceased person who has already been buried for not less than one year. Such remains may be cremated, subject to such conditions as the Ministry may impose in the exhumation order granted by it or otherwise; and any such cremation in which those conditions are not observed shall be deemed a contravention of these regulations.

16. In the case of any person dying of plague, cholera, yellow fever, anthrax or smallpox, typhus or relapsing fever, the Medical Referee, if satisfied as to the cause of death, may, where application is made by or with the consent of a Health Authority, dispense with any of the requirements of Regulations 6, 7, 8, 9, 10 and 13, subject to the consent of the Ministry.

These regulations may also be temporarily suspended or modified in any district during an epidemic or for other sufficient reason by an order of the Ministry on the application of a Health Authority.

Disposition of ashes

17. After the cremation of the remains of a deceased person the ashes shall be given into the charge of the person who applied for the cremation

(a) 15 & 16 Geo. 6 and 1 Eliz. 2, c. 31.

(b) 16 & 17 Geo. 5, c. 48.

if he so desires. If not, they shall be retained by the Cremation Authority and, in the absence of any special arrangement for their burial or preservation, they shall be decently interred in or scattered on a burial ground or land adjoining the crematorium reserved for the burial of ashes. In the case of ashes left temporarily in the charge of the Cremation Authority and not removed within a reasonable time, a fortnight's notice shall be given to the person who applied for the cremation or, if this is impracticable, to the nearest surviving relative of the deceased living in Northern Ireland or to an executor of the deceased before the ashes are interred or scattered.

Registration of Cremations, etc.

18. The Cremation Authority shall appoint a registrar who shall keep a register of all cremations carried out by the Authority in Form G in the Schedule. He shall make the entries relating to each cremation immediately after the cremation has taken place, except the entry in the last column which he shall make as soon as the ashes of the deceased have been handed to the relatives or otherwise disposed of.

19. Any certificate given by a Coroner in Form E shall have attached thereto a detachable portion (which shall be in the form set out in the Schedule) for use by the Registrar in pursuance of the following regulation.

20.—(1) (a) Subject to the provisions of paragraphs (2) and (3) the registrar shall, within seven days of the cremation of the body of any deceased person, send to the registrar of births and deaths for the district in which the death took place or, if the death took place elsewhere than in Northern Ireland, to the Registrar General, a notification in Form J in the Schedule of the cremation of the body and of the date and place of such cremation.

(b) Where the body has been cremated after inquest such notification as aforesaid shall be sent upon the detachable portion of the certificate given by the Coroner in Form E.

(2) This regulation shall not apply to any cremation of human remains which has taken place under Regulation 15, or to the cremation of a still-born child.

(3) Where any cremation of human remains has taken place under Regulation 16 the registrar shall (subject to the provisions of any order made by the Ministry under that regulation) within seven days of the cremation forward to the Registrar General a copy of the relative entry in the register of cremations together with particulars of the place of death of the deceased and the cause of death as established to the satisfaction of the Medical Referee.

21. All applications, certificates, and other documents relating to any cremation shall be marked with a number corresponding to the numbers in the register, shall be filed in order, and shall be carefully preserved by the Cremation Authority, provided that the Cremation Authority may, if they think fit, destroy any such applications, certificates or other documents (but not the register of cremations or any part of such register) after the expiration of fifteen years from the date of the cremation to which they relate.

All such registers and documents shall be open to inspection at any reasonable hour by any person appointed for that purpose by the Ministry or the Ministry of Home Affairs, or the Inspector General of the Royal Ulster Constabulary.

22. If the crematorium is closed as provided in Regulation 3 the Cremation Authority shall send all registers and documents relating to the cremations which have taken place therein to the Ministry, or otherwise dispose of them as the Ministry may direct.

Dated this 16th day of March, 1961.

W. J. Morgan,
Minister of Health and Local Government
for Northern Ireland.

SCHEDULE

FORM A

Application for Cremation with Statutory Declaration

I (*Name of applicant*)

(*Address*)

(*Occupation*)

apply to the (*here insert name and address of the Cremation Authority*)
to undertake the cremation of the remains of

(*Name of deceased*)

(*Address*)

(*Occupation*)

(*Age*)

(*Sex*)

(*Whether married, widow, widower, or unmarried*)

The true answers to the questions set out below are as follows:—

1. Are you an executor or the nearest relative of the deceased? (State which and if the nearest relative show relationship.)

2. If you are not an executor or the nearest relative state

(a) Your relationship to the deceased. (a)

(b) The reason why the application is made by you and not by an executor or any nearer relative. (b)

3. Did the deceased leave any written directions as to the mode of disposal of his or her remains? If so, what?

4. Have the near relatives* of the deceased been informed of the proposed cremation?

*The term "near relative" as here used includes widow or widower, parents, children above the age of 16, and any other relative usually residing with the deceased.

5. Has any near relative of the deceased expressed any objection to the proposed cremation? If so, on what ground?

6. What was the date and hour of the death of the deceased?

7. What was the place where deceased died? (Give address and say whether own residence, lodgings, hotel, hospital, nursing home, etc.)

8. Do you know, or have you any reason to suspect, that the death of the deceased was due, directly or indirectly, to

- (a) violence or misadventure;
- (b) unfair means;
- (c) negligence or misconduct;
- (d) malpractice on the part of others;
- (e) any cause other than natural illness or disease for which he or she had been seen and treated by a registered medical practitioner within twenty-eight days prior to death.

9. Do you know, or have you any reason to suspect, that the death of the deceased occurred while he or she was under an anaesthetic?

10. Do you know any reason whatever for supposing that an examination of the remains of the deceased may be desirable?

11. Give name and address of the ordinary medical attendant of the deceased.

12. Give names and addresses of the medical practitioners who attended deceased during his or her last illness.

I do hereby solemnly and sincerely declare that all the particulars stated above are true, and that to the best of my knowledge and belief no material particular has been omitted; and I make this solemn declaration conscientiously believing the same to be true and by virtue of the Statutory Declarations Act, 1835.

(Signature)

*Declared at
the day of
before me.

(Signature)

*This declaration must be made before a Justice of the Peace or a Commissioner for Oaths.

FORM B

Certificate of Medical Attendant

I am informed that application is about to be made for the cremation of the remains of

(Name of deceased)

(Address)

(Occupation)

Having attended the deceased during his or her last illness and within twenty-eight days before death, and seen and identified the body after death, I give the following answers to the questions set out below:—

1. On what date, and at what hour did he or she die?

2. What was the place where the deceased died? (Give address and say whether own residence, lodging, hotel, hospital, nursing home, etc.)

3. Are you a relative of the deceased? If so, state the relationship

4. Have you, so far as you are aware, any pecuniary interest in the death of the deceased?

5. Were you the ordinary medical attendant of the deceased? If so, for how long?

6. Did you attend the deceased during his or her last illness? If so, for how long?

7. When did you last see the deceased alive? (Say how many days or hours before death.)

8. How soon after death did you see the body, and what examination of it did you make?

9. What was the cause of death?

I

Disease or condition directly leading to death* (a)
due to

Antecedent causes

Morbid conditions if any giving rise to the above cause, stating the underlying condition last (b)
due to

(c)

II

Other significant conditions contributing to the death but not related to the disease or condition causing it

*This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.

10. What was the mode of death? (Say whether syncope, coma, exhaustion, convulsions, etc.)

What was its duration in days, hours, or minutes?

11. State how far the answers to the last two questions are the result of your own observations, or are based on statements made by others. If on statements made by others, say by whom.

12. Did the deceased undergo any operation during the final illness or within a year before death? If so, what was its nature, and who performed it?

13. By whom was the deceased nursed during his or her last illness? (Give names, and say whether professional nurse, relative, etc. If the illness was a long one, this question should be answered with reference to the period of four weeks before the death.)

14. Who were the persons (if any) present at the moment of death?

15. In view of the knowledge of the deceased's habits and constitution do you feel any doubt whatever as to the character of the disease or the cause of death?

16. Have you any reason to suspect that the death of the deceased was due, directly or indirectly, to

- (a) violence or misadventure;
- (b) unfair means;
- (c) negligence or misconduct;
- (d) malpractice on the part of others;
- (e) any cause other than natural illness or disease for which he or she had been seen and treated by a registered medical practitioner within twenty-eight days prior to death.

17. Do you know, or have you any reason to suspect, that the death of the deceased occurred while he or she was under an anaesthetic?

18. If the answer to question 16 or question 17 was "yes" was the Coroner notified of the facts and circumstances relating to the death?

19. Have you any reason whatever to suppose a further examination of the body to be desirable?

20. Have you given the certificate required for registration of death? If not, who has?

I hereby certify that the answers given above are true and accurate to the best of my knowledge and belief, and that I know of no reasonable cause to suspect that the deceased died as the result of the administration of an anaesthetic or as a result of violence, misadventure, unfair means, negligence, misconduct, malpractice, or any cause other than natural illness or disease for which he had been seen and treated by me within twenty-eight days prior to death, or in such circumstances as may require investigation by the Coroner.

(Signature)

(Address)

(Registered qualifications)

(Date)

NOTE.—This certificate must be handed or sent in a closed envelope by the medical practitioner who signs it to the medical practitioner who is to give the confirmatory certificate on Form C.

FORM C

Confirmatory Medical Certificate

I, being neither a relative of the deceased, nor a relative or partner or assistant of the medical practitioner who has given the certificate in Form B, have examined it and have made personal inquiry as stated in my answers to the questions below:—

1. Have you seen the body of the deceased?

2. Have you carefully examined the body externally?

3. Have you made a post-mortem examination?

4. Have you seen and questioned the medical practitioner who gave the certificate in Form B?

5. Have you seen and questioned any other medical practitioner who attended the deceased?

6. Have you seen and questioned any person who nursed the deceased during his or her last illness, or who was present at the death?

7. Have you seen and questioned any of the relatives of the deceased?

8. Have you seen and questioned any other person?

(In the answers to questions 5, 6, 7, and 8, give names and addresses of persons seen and say whether you saw them alone.)

I am satisfied that the cause of death was—
and I certify that I know of no reasonable cause to suspect that the deceased died as the result of the administration of an anaesthetic or as a result of violence, misadventure, unfair means, negligence, misconduct, malpractice or any cause other than natural illness or disease for which he had been seen and treated by a registered medical practitioner within twenty-eight days prior to death or in such circumstances as may require investigation by the coroner.

(Signature)

(Address)

(Date)

(Registered qualifications)

NOTE.—These Certificates must be handed or sent in a closed envelope to the Medical Referee by one or other of the medical practitioners by whom they are given.

FORM D

Certificate after Post-Mortem Examination

I hereby certify that, acting **on the instructions of*

Medical Referee to the
remains of

I made a post-mortem examination of the

(Name)

(Address)

(Occupation)

The result of the examination is as follows:—

I am satisfied that the cause of death was _____ and that there is no
reason †*for making any toxicological analysis or* for notifying the coroner of the
facts and circumstances relating to the death.

(Signature)

(Address)

(Date)

(Registered qualifications)

*Where the Medical Referee himself gives the certificate, strike out the words in italics and insert "as".

†The words in italics should be omitted where a toxicological analysis has been made and its result is stated in this certificate or in a certificate attached to it.

FORM E

Coroner's Certificate

I certify that I* held an inquest (†which has been adjourned until..... to ascertain the cause of the accident) on directed a post-mortem examination to be made on made investigations relating to

the body of

and that* the verdict of the Jury the cause of death (or still-birth) as disclosed by the report on the post-mortem examination my conclusion was as follows:—

Medical evidence was given by

I am satisfied from the evidence that the cause of death (or still-birth) was and that no circumstance exists which could render necessary any further examination of the remains or any analysis of any part of the body and I authorise cremation or burial of the body.

(Date)

Coroner.

Notification of Cremation

(For use by the registrar appointed by the Cremation Authority.)

This is to notify that the body of deceased, who died on at was cremated on (a) at (b)

Witness my hand this day of, 19..

(Signature) on behalf of

*Strike out if inapplicable.

†The words in italics are to be struck out in all cases except those in which death occurs in connection with an industrial, railway, flying or road accident.

(a) Here state date of cremation.

(b) Here state place of cremation.

FORM F

Authority to Cremate

Whereas application has been made for the cremation of the remains of

(Name*)

(Address)

(Occupation)

And whereas I have satisfied myself that the relevant requirements of the Cremation Act, 1902, and of the Cremation (Belfast) Regulations (Northern Ireland), 1961, have been complied with, that the cause of death has been definitely ascertained, and that there exists no reason for any further inquiry or examination :

I hereby authorise the Superintendent of the Crematorium at
to cremate the said remains.

(Signature)

Medical Referee to the

(Date)

*In the case of a still-born child, in place of the name, address, and occupation, insert a description sufficient to identify the body, and in place of the words "that the cause of death has been definitely ascertained" insert the words "that the child was still-born".

FORM G

Register of Cremations

carried out by
at the Crematorium at

No.	Date of cremation.	Name, Residence, and Occupation of deceased.	Age and Sex.	Whether married or unmarried.	Date of Death or Still-birth.	Name and address of person who applied for cremation.	Names and addresses of persons signing certificates.	District where death has been registered.	How ashes were disposed of.

NOTE.—Additional particulars may be added in the form of Register by the Cremation Authority.

FORM H

Application for Cremation of still-born child

I (Name of applicant)

(Address)

(Occupation)

apply to the (here insert name and address of the Cremation Authority) to undertake the cremation of the body of a child which was still-born

(Date on which still-birth occurred)

(Place of still-birth)

(Sex)

(Name of Father)

(Name of Mother)

(Address)

The true answers to the questions set out below are as follows:—

1. Are you the father or mother of the still-born child?

2. If not, state

(a) Your relationship (a)

(b) The reason why the application is made by you and not by the father or mother. (b)

3. Have the father and mother of the still-born child

(a) been informed of the proposed cremation?

(b) expressed any objection to the proposed cremation? If so, on what grounds?

4. Do you know, or have you any reason to suspect, that the still-birth was due, directly or indirectly, to malpractice or inattention at birth?

5. Do you know any reason whatever for supposing that an examination of the remains of the deceased may be desirable?

6. Give name and address of the registered medical practitioner or certified midwife who was present at the still-birth or who has examined the body.

I do hereby solemnly and sincerely declare that all the particulars stated above are true, and that to the best of my knowledge and belief no material particular has been omitted; and I make this solemn declaration conscientiously believing the same to be true and by virtue of the Statutory Declarations Act, 1835.

(Signature)

*Declared at the day of before me.

(Signature)

*This declaration must be made before a Justice of the Peace or a Commissioner for Oaths,

FORM I

Certificate of Registered Medical Attendant or of Certified Midwife, if no doctor was present at still-birth or has examined the body

I am informed that application is about to be made for the cremation of the body of a child which was still-born and having been present at the still-birth or having examined the body, I give the following answers to the questions set out below:--

1. (Name of Father)
2. (Name of Mother)
3. (Sex of still-born child)
4. On what date, and at what hour did the still-birth occur?
5. What was the place where the still-birth occurred? (Give address and say whether parents' residence, lodging, hotel, hospital, nursing home, etc.)
6. Are you a relative of the parents of the still-born child? If so, state the relationship.
7. Have you, so far as you are aware, any pecuniary interest in consequence of the child having been still-born?
8. Were you the ordinary medical attendant of the mother of the still-born child? If so, for how long?
9. If not, state name and address of medical attendant.
10. If you were not present at the still-birth, how soon after birth did you see the body, and what examination of it did you make?
11. What in your opinion was the cause of the still-birth?

I	I
DIRECT CAUSE	
State foetal condition directly causing the still-birth.	(a) due to

II	II
ANTECEDENT CAUSES	
State foetal and/or maternal conditions, if any, giving rise to the above cause, stating the underlying cause last.	(b) due to
	(c)

II	II
OTHER SIGNIFICANT CONDITIONS	
of foetus or mother which may have contributed to but, in so far as is known, were not related to direct cause of the still-birth,

12. Do you know or have you any reason to suspect that the still-birth was due, directly or indirectly, to malpractice or inattention at birth?

13. Have you any reason whatever to suppose a further examination of the body to be desirable?

14. Have you given the certificate required for registration of the still-birth? If not, who has?

I hereby certify that the child was still-born and that the answers given above are true and accurate to the best of my knowledge and belief. I know of no reasonable cause to suspect that the still-birth was due to malpractice or inattention at birth and I am satisfied that there is no reason for reporting the still-birth to the coroner.

(Signature)

(Address)

(Registered qualifications in case of doctor)

(Number in case of certified midwife)

(Date)

NOTE.—This certificate must be handed or sent in a closed envelope to the Medical Referee.

FORM J

Return to the Registrar of Births and Deaths

Return to be made, within seven days after the cremation of a body on which an Inquest was not held, to the Registrar of Births and Deaths for the District in Northern Ireland in which the death occurred. If the death occurred elsewhere than in Northern Ireland the Return is to be made to the Registrar General. (This form is not to be used if the body was that of a still-born child.)

To the Registrar of Births and Deaths for the District of.....

The following particulars relate to a body/bodies which was/were cremated at the crematorium at on the date(s) indicated.

Date of Cremation	Name of Deceased	Date of Death	Address at which death occurred	Name and Address of person who applied for cremation	For use by Registrar of Births and Deaths		
					No. of Entry	Date of Entry	Remarks

I certify that this is a true and correct return

Signed.....

on behalf of

Date.....

Death(s) reported has/have been registered at the Entry No.(s) shown above.

.....
Registrar

.....
Date

EXPLANATORY NOTE

(This note is not part of the Regulations but is intended to indicate their general purport.)

The first crematorium in Northern Ireland is about to be opened and these Regulations prescribe the form in which application for cremation must be made and the conditions which must be complied with before cremation may be permitted.