
S T A T U T O R Y I N S T R U M E N T S

2008 No. 2841

CREMATION, ENGLAND AND WALES

The Cremation (England and Wales) Regulations 2008

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

PART 1

Preliminary

Citation, commencement and extent

1.—(1) These Regulations may be cited as the Cremation (England and Wales) Regulations 2008 and come into force on 1st January 2009.

(2) These Regulations extend to England and Wales only.

Interpretation

2.—(1) In these Regulations—

“the 1953 Act” means the Births and Deaths Registration Act 1953(b);

“the 1988 Act” means the Coroners Act 1988(c);

“the 2004 Act” means the Human Tissue Act 2004(d);

“applicant” means the person making an application for cremation in accordance with regulation 15;

“body parts” means material which consists of, or includes, human cells from—

(a) a deceased person, whether or not separation from the body occurred before or after death; or

(b) a stillborn child;

“cremation” means the burning of human remains;

“cremation authority” means any burial authority or any person who has opened a crematorium and, in article 3(a), includes any burial authority or person who intends to open a crematorium;

“deputy medical referee” means a person appointed under regulation 6(2);

“five years’ standing”, in relation to a registered medical practitioner, means that the medical practitioner—

(a) has been a fully registered person within the meaning of section 55 of the Medical Act 1983(e) for at least five years; and

(b) if paragraph 10 of Schedule 1 to the Medical Act 1983 (Amendment) Order 2002(f) has come into force, has held a licence to practise under the 1983 Act—

(i) for at least five years; or

(ii) since the coming into force of that paragraph;

“inquest” means an inquest into the death of a deceased person under section 8 of the 1988 Act;

“medical certificate” and “confirmatory medical certificate” are references to the certificates so named given in accordance with regulation 17(1) and (2) respectively;

“medical referee” means a person appointed under regulation 6(1);

(a) 1902 c. 8; section 7 was amended by section 2 of the Cremation Act 1952 (c.31) and Part 5 of Schedule 11 to the Finance Act 1949 (c.47) and was extended by section 10 of the Births and Deaths Registration Act 1926 (c. 48).

(b) 1953 c. 20.

(c) 1988 c. 13.

(d) 2004 c. 30.

(e) 1983 c. 54.

(f) S.I. 2002/3135.

“registrar” means a person appointed under regulation 31;

“stillborn” and “stillbirth” apply to any child born after the twenty-fourth week of pregnancy and which did not at any time after birth, breathe or show any other signs of life.

(2) In calculating the time periods referred to in regulations 22(3), 23(1)(d) and (2) and 32(2), any period must be disregarded if it falls on—

- (a) a Saturday or a Sunday;
- (b) Christmas Day or Good Friday; or
- (c) a day which is a bank holiday under the Banking and Financial Dealings Act 1971(a) in England and Wales.

PART 2

Maintenance and inspection of crematorium

Opening and closing of crematorium

3. A cremation authority must,—

- (a) at least one month before it opens or closes a crematorium, give written notice of its intention to do so to the Secretary of State; and
- (b) at least one month before it closes a crematorium, give notice of its intention to do so by—
 - (i) publishing an advertisement in a local newspaper circulating in the place where the crematorium is situated; and
 - (ii) displaying a notice at the entrance to the crematorium in a place where it can be conveniently read.

Maintenance of crematorium

4. The cremation authority must ensure that a crematorium is—

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

Inspection of crematorium

5.—(1) A cremation authority must make its crematorium open for inspection at any reasonable time by any person appointed for that purpose by the Secretary of State and the crematorium may be inspected by such person.

(2) Paragraph (1) does not apply if the cremation authority has permanently closed the crematorium.

PART 3

Medical referee

Appointment of medical referee and deputy medical referee

6.—(1) The Secretary of State must appoint a medical referee for each cremation authority.

(a) 1971 c. 80.

(2) The Secretary of State must appoint as many deputy medical referees for each cremation authority as the Secretary of State thinks appropriate.

Qualifications of medical referee and deputy medical referee

7.—(1) To be eligible for appointment as a medical referee or a deputy medical referee, a person must be a registered medical practitioner of at least five years' standing.

(2) The Secretary of State must appoint as medical referee and deputy medical referee such persons as may be nominated by the cremation authority who have the character, experience and qualifications to discharge the duties required by these Regulations.

Guidance by the Secretary of State

8. The Secretary of State may issue guidance about the character, experience and qualifications that a person appointed as a medical referee or a deputy medical referee is expected to have.

Termination of office

9. The Secretary of State may remove a medical referee or a deputy medical referee from office for incapacity or misbehaviour.

Functions of deputy medical referee

10.—(1) The functions of the medical referee for a cremation authority may—

- (a) be performed by a deputy medical referee for the cremation authority—
 - (i) during any period when the medical referee is absent or unavailable;
 - (ii) in any case in which the medical referee has been the usual medical attendant of the deceased person in relation to whom an application for cremation has been made;
 - (iii) during any vacancy in the office of medical referee; or
 - (iv) in any other case, with the consent of the medical referee; and
- (b) be performed by a medical referee or a deputy medical referee for any other cremation authority in an emergency.

(2) Accordingly, a reference in these Regulations to a medical referee is to be read, where relevant, as including a deputy medical referee.

Report to the Secretary of State

11. A medical referee must give such reports to the Secretary of State as the Secretary of State may from time to time require.

Supplementary powers of medical referee

12. A medical referee—

- (a) who has investigated the cause of death of a deceased person, may issue a confirmatory medical certificate in an emergency;
- (b) who has made a post-mortem examination of the body of the deceased person under regulation 24(2), may issue a certificate under regulation 24(3); and
- (c) who is a coroner, may issue a certificate under regulation 16(1)(c)(ii).

PART 4

Conditions for cremation

Place where cremation may take place

13. No cremation may take place except in a crematorium the opening of which has been notified to the Secretary of State.

Forms

14.—(1) Subject to regulation 37(3) and this regulation, the forms set out in Schedule 1 must be used in the cases to which they apply.

- (2) In the case of an application for cremation of the remains of a deceased person—
- (a) if the death of the deceased person occurred in any place outside the British Islands an application for cremation which contains all the particulars required by the application for cremation set out in Schedule 1 may be used instead of the application set out in Schedule 1; and
 - (b) if the death of the deceased person occurred in Scotland, Northern Ireland, the Isle of Man or the Channel Islands, an application for cremation and certificates—
 - (i) which contain all the particulars required by the application for cremation and, as the case may be, by the medical certificate, the confirmatory medical certificate, the certificate of coroner or the certificate following anatomical examination set out in Schedule 1; and
 - (ii) which are used in accordance with the law relating to cremation for the time being in force in Scotland, Northern Ireland, the Isle of Man, the Bailiwick of Jersey or the Bailiwick of Guernsey,

may be used instead of the application or certificates set out in Schedule 1.

(3) In the case of an application for cremation of body parts, if the death of the deceased person, the stillbirth or the post-mortem examination occurred in any place outside England and Wales, certificates which contain all the particulars given in the certificate or certified copy referred to in regulation 19(b) or in the certificate releasing body parts for cremation set out in Schedule 1 may be given instead of those certificates or that certified copy.

(4) In the case of an application for cremation of a stillborn child, if the stillbirth occurred outside England and Wales, a certificate which contains all the particulars given in the certificate of stillbirth set out in Schedule 1 may be given by a person entitled to practise as a medical practitioner or midwife in the place where the stillbirth occurred instead of the certificate set out in Schedule 1.

Application for cremation

15.—(1) Subject to paragraph (2), an application for cremation must be made to the cremation authority by—

- (a) an executor of the deceased person; or
- (b) a near relative who has attained the age of 16.

(2) An application for cremation may be made by any other person if the medical referee is satisfied—

- (a) that the person is a proper person to make the application; and
- (b) as to the reason why the application is not made by an executor or a near relative who has attained the age of 16.

(3) In this regulation, “near relative” means the widow, widower or surviving civil partner of the deceased person, or a parent or child of the deceased person, or any other relative usually residing with the deceased person, or a parent of a stillborn child.

Cremation of the remains of a deceased person

- 16.**—(1) No cremation of the remains of a deceased person may take place unless—
- (a) an application for cremation is made in accordance with regulation 15;
 - (b) except where regulation 18 applies,—
 - (i) a certificate is given under section 24(1), (2) or (4) of the 1953 Act (certificates as to registration of death) in relation to the death of the deceased person; or
 - (ii) a certified copy of the entry in the relevant register is issued under sections 30 to 32 of the 1953 Act in relation to the death of the deceased person;
 - (c) (i) a medical certificate and, subject to regulation 17(3), a confirmatory medical certificate are given in accordance with regulation 17(1) and (2) respectively;
 - (ii) where regulation 18 applies, a certificate is given by a coroner; or
 - (iii) a certificate is given that the body of the deceased person has undergone an anatomical examination under the authority of a licence granted under the 2004 Act for that purpose; and
- (d) written authority is given by a medical referee in accordance with regulation 23.
- (2) This regulation does not apply to the cremation of the exhumed remains of a deceased person who has already been buried for a period of one year or more.

Medical certificate and confirmatory medical certificate

- 17.**—(1) A medical certificate giving the cause of death of the deceased person may be given by a registered medical practitioner.
- (2) A confirmatory medical certificate giving the cause of death of the deceased person may be given by a registered medical practitioner of at least five years' standing who is—
- (a) a relative of the deceased person;
 - (b) the medical practitioner who issued the medical certificate; or
 - (c) a relative, or partner or colleague in the same practice or clinical team, of the medical practitioner who issued the medical certificate.
- (3) A confirmatory medical certificate is not required where—
- (a) the death of the deceased person occurred in a hospital in which the deceased person was an in-patient; and
 - (b) a medical practitioner mentioned in paragraph (2) has made or supervised a post-mortem examination of the body of the deceased person and the medical practitioner giving the medical certificate (in accordance with paragraph (1)) knows the result of that examination before giving that certificate.
- (4) In this regulation, “hospital” means any institution for the reception and treatment of persons suffering from illness or mental disorder, any maternity home, and any institution for the reception and treatment of persons during convalescence.

Certificate of coroner

- 18.** This regulation applies if—
- (a) a post-mortem examination has been made under section 19(1) of the 1988 Act and the cause of death of the deceased person has been certified by the coroner under section 19(3) of that Act;
 - (b) an inquest has been opened; or
 - (c) the death of the deceased person occurred outside the British Islands and no post-mortem examination or inquest is necessary.

Cremation of body parts

- 19.** No cremation of body parts may take place unless—
- (a) an application for cremation is made in accordance with regulation 15;
 - (b) (i) a certificate is given under section 24(1), (2) or (4) of the 1953 Act (certificates as to registration of death) or under section 11(2) or (3) of the 1953 Act (certificates as to registration of stillbirth) in relation to the death of the deceased person or to the stillborn child to whom the body parts belonged; or
 - (ii) a certified copy of the entry in the relevant register is issued under sections 30 to 32 of the 1953 Act in relation to the death of the deceased person or to the stillborn child to whom the body parts belonged;
 - (c) (i) a certificate is given on behalf of the hospital trust or other authority holding the body parts that there is no reason for further inquiry or examination of the body parts and that they are released for cremation; or
 - (ii) evidence is produced that the body parts were removed in the course of a post-mortem examination made of the body of the deceased person; and
 - (d) written authority is given by a medical referee in accordance with regulation 25.

Cremation of a stillborn child

- 20.**—(1) No cremation of a stillborn child may take place unless—
- (a) an application for cremation is made in accordance with regulation 15;
 - (b) a certificate is given under section 11(2) or (3) of the 1953 Act (certificates as to registration of stillbirth);
 - (c) (i) a certificate is given by a registered medical practitioner or a registered midwife who has examined the body and who can certify that the child was stillborn; or
 - (ii) where paragraph (2) applies, a declaration is given by a person who is qualified to give information concerning the birth; and
 - (d) written authority is given by a medical referee in accordance with regulation 26.
- (2) This paragraph applies where the child was stillborn and either—
- (a) no registered medical practitioner or registered midwife was present at the birth or has examined the body; or
 - (b) a certificate under paragraph (1)(c)(i) cannot be obtained from a registered medical practitioner or a registered midwife who was present at the birth.

Cremation of exhumed remains of deceased person who has already been buried for one year or more

21. The cremation of the exhumed remains of a deceased person who has already been buried for a period of one year or more may take place subject to such conditions as may be imposed by—

- (a) the Secretary of State in an exhumation licence granted under section 25 of the Burial Act 1857(a); or
- (b) a faculty granted by the ordinary.

Right to inspect medical certificate and confirmatory medical certificate and to make representations to medical referee

22.—(1) Paragraph (2) applies where the applicant for cremation of the remains of a deceased person—

(a) 1857 c. 1.

- (a) (i) has informed the cremation authority to which the application for cremation was made that they would like to inspect the medical certificate and confirmatory medical certificate; or
 - (ii) has nominated another person to inspect those certificates; and
 - (b) has given one or more telephone numbers to the cremation authority at which the applicant, or the person nominated by the applicant, may be contacted.
- (2) As soon as the cremation authority receives the medical certificate and confirmatory medical certificate it must make all reasonable efforts to notify the applicant for cremation or any person nominated by that person, by telephone on the number (or one of the numbers) provided, of the receipt of those certificates.
- (3) Within 48 hours, beginning with the time at which the cremation authority notifies the person under paragraph (2), that person may—
- (a) at a time and place agreed with the cremation authority, inspect the medical certificate and confirmatory medical certificate; and
 - (b) make representations to the medical referee about any matter contained in such a certificate or the inquiry made by the person who gave the certificate.

Authorisation of cremation of the remains of a deceased person by medical referee

- 23.**—(1) A medical referee may not authorise a cremation under regulation 16(1)(d) unless the medical referee is satisfied—
- (a) that the requirements of regulation 16(1)(a), (b) and (c) have been complied with;
 - (b) that the inquiry made by a person giving a certificate under regulation 16(1)(c) has been adequate;
 - (c) that the fact and cause of death of the deceased person have been definitely ascertained; and
 - (d) subject to paragraph (2), in any case where notification has been given under regulation 22(2),—
 - (i) at least 48 hours have passed since that notification was given; and
 - (ii) where certificates have been inspected under regulation 22(3)(a), at least 24 hours have passed since the time of the inspection.
- (2) Where the medical referee is satisfied that a cremation authority has made all reasonable efforts to comply with regulation 22(2) but has been unable to do so within 48 hours, beginning with the time at which the cremation authority received the medical certificate and confirmatory medical certificate, the medical referee may authorise cremation of the remains of a deceased person.
- (3) If a coroner has decided to hold an inquest, a medical referee may not authorise cremation of the remains of the deceased person until the inquest has been opened.

Medical referee not satisfied about the cause of death of the deceased person

- 24.**—(1) Paragraph (2) applies if—
- (a) the medical referee is not satisfied that the fact and cause of death of the deceased person have been definitely ascertained; or
 - (b) the death of the deceased person may have been violent or unnatural.
- (2) The medical referee may make a post-mortem examination of the body of the deceased person or request any person to do so if—
- (a) the medical referee, or the person so requested by the medical referee, is entitled to make a post-mortem examination under the authority of a licence granted under section 16 of the 2004 Act (licence requirement) for that purpose; and

- (b) the medical referee has obtained the appropriate consent for a post-mortem examination in accordance with the provisions of that Act.
- (3) If a certificate is given by the person who has made the post-mortem examination stating the cause of death to the satisfaction of the medical referee, the medical referee may authorise cremation of the remains of the deceased person.
- (4) Paragraph (5) applies if—
- (a) a post-mortem examination fails to satisfy the medical referee that the fact and cause of death have been definitely ascertained; or
 - (b) it appears to the medical referee that the cause of death is violent or unnatural, or there are other suspicious circumstances connected with the death of the deceased person, whether revealed in the medical certificate or confirmatory medical certificate or otherwise.
- (5) The medical referee may not authorise cremation of the remains of the deceased person unless an inquest is opened and a certificate is given under regulation 16(1)(c)(ii).

Authorisation of cremation of body parts by medical referee

25. A medical referee may not authorise a cremation under regulation 19(d) unless the medical referee is satisfied that the requirements of regulation 19(a), (b) and (c) have been complied with.

Authorisation of cremation of a stillborn child by medical referee

26. A medical referee may not authorise a cremation under regulation 20(1)(d) unless the medical referee is satisfied—

- (a) that the requirements of regulation 20(1)(a), (b) and (c) have been complied with;
- (b) that the examination made by the person giving the certificate under regulation 20(1)(c)(i) has been adequate; and
- (c) that there is no reason for further examination.

Authorisation of cremation by medical referee – inquiries by medical referee

27.—(1) Before authorising a cremation, a medical referee may make such inquiry as the medical referee thinks appropriate with regard to—

- (a) an application for cremation;
- (b) a certificate referred to in regulation 16(1)(c), 19(c)(i) or 20(1)(c)(i); or
- (c) a declaration given under regulation 20(1)(c)(ii).

(2) Inquiries under paragraph (1) may be made on the medical referee's own initiative or, in relation to a certificate given in accordance with regulation 17(1) and (2), as a result of representations made under regulation 22(3)(b).

(3) If inquiries are made as a result of representations made under regulation 22(3)(b), the medical referee must inform the person who made the representations of the result of the inquiries made.

Refusal to authorise cremation

28. A medical referee who refuses to authorise a cremation must give written reasons to the applicant.

PART 5

Incineration

Incineration of body parts

29.—(1) Body parts which are not cremated under regulation 19 may be incinerated in accordance with a permit which authorises the disposal of a matter listed in code 18 01 02 or 18 01 03 of Schedule 1 to the List of Wastes Regulations.

(2) In this regulation—

“incinerated” means burnt in an incinerator as part of one of the following activities in section 5.1 of Part 2 of Schedule 1 to the Environmental Permitting (England and Wales) Regulations 2007(a)—

- (a) activities in Part A(1)(a), (c), (d) and (e);
- (b) activities in Part A(2)(a); and
- (c) activities in Part B(a);

“List of Wastes Regulations” means—

(d) in relation to England, the List of Wastes (England) Regulations 2005(b); and

(e) in relation to Wales, the List of Wastes (Wales) Regulations 2005(c); and

“permit” means a permit granted under regulation 13 of the Environmental Permitting (England and Wales) Regulations 2007.

PART 6

Disposal of ashes

Disposal of ashes

30.—(1) Subject to paragraph (2), after a cremation the cremation authority must give the ashes to the applicant or a person nominated for that purpose by the applicant.

(2) If the applicant does not want to be given the ashes and has not nominated any person for that purpose, the cremation authority must retain the ashes.

(3) Subject to any special arrangement for the burial or preservation of ashes, any ashes retained by a cremation authority must be decently interred in a burial ground or in part of a crematorium reserved for the burial of ashes, or scattered there.

(4) In relation to ashes left temporarily in the care of a cremation authority, the authority may not inter or scatter the ashes unless 14 days notice of their intention to do so has been given to the applicant.

PART 7

Registration of cremations

Appointment of registrar

31. A cremation authority must appoint a registrar.

(a) S.I. 2007/3538.

(b) S.I. 2005/895; amended by S.I. 2005/1673.

(c) S.I. 2005/1820.

Functions of registrar

32.—(1) A registrar must keep a permanent register of all cremations carried out by the cremation authority.

(2) A registrar must, within 96 hours after cremation of the remains of a deceased person under regulation 16, send a notification of cremation to—

- (a) the registrar of births and deaths for the sub-district in which the death took place; or
- (b) in relation to deaths which took place outside England and Wales, the registrar of births and deaths for the sub-district in which the crematorium is situated.

Register kept by registrar

33.—(1) The register kept under regulation 32(1) may either be kept in a book or kept electronically.

(2) Entries in the register must include, where relevant, the following particulars in relation to a cremation—

- (a) any number assigned by the cremation authority to the cremation;
- (b) the date of the cremation;
- (c) the name and sex of the person or stillborn child cremated;
- (d) the address, occupation and age of the person cremated;
- (e) whether the person cremated was married or a civil partner, a widow, widower or surviving civil partner, or single;
- (f) the date on which the person cremated died or the stillbirth occurred;
- (g) in relation to the cremation of body parts, the date and place of the burial or cremation of the body of the deceased person or stillborn child from whom the body parts came;
- (h) the body part(s) cremated;
- (i) the name and address of the applicant;
- (j) the name and address of any person who—
 - (i) gave a certificate under regulation 16(1)(c), 19(c)(i) or 20(1)(c)(i);
 - (ii) produced evidence under regulation 19(c)(ii); or
 - (iii) gave a declaration under regulation 20(1)(c)(ii);
- (k) the name and address of any person who has, in accordance with regulation 22(3)(a), inspected the medical certificate and confirmatory medical certificate;
- (l) the sub-district where the death of the person cremated has been registered; and
- (m) the way in which the ashes were disposed of.

Retention of documents relating to cremation

34.—(1) A cremation authority must keep the application for cremation and any certificates or other documents relating to a cremation, or an electronic copy of such documents, for a period of 15 years from the date of the cremation to which they relate.

(2) Where an electronic copy is kept by a cremation authority under paragraph (1), the cremation authority must keep any document from which the electronic copy was made for a period of 2 years from the date of the cremation.

(3) Where a crematorium is closed in accordance with regulation 3, the cremation authority must—

- (a) dispose of any registers and documents relating to the cremations which have taken place in the crematorium in accordance with directions given by the Secretary of State; or
- (b) if no such directions are given, send any registers or documents to the Secretary of State.

Inspection and copies of register and documents relating to cremation

35.—(1) This regulation applies to a register kept under regulation 32(1) and to documents kept under regulation 34(1) or 34(2) by a cremation authority.

(2) The register and documents—

- (a) must be open to inspection by any person appointed for that purpose by—
 - (i) the Secretary of State; or
 - (ii) a chief officer of police (within the meaning given in section 101(1) of the Police Act 1996(a)); and
- (b) may, with the permission of the cremation authority, be open to inspection by any other person.

(3) The cremation authority may issue to any person a copy of, or an extract from, the register or a document.

PART 8

Revocations, savings and transitional provisions

Revocations

36. Subject to the following regulations, the instruments specified in Schedule 2 are revoked.

Savings and transitional provisions

37.—(1) Any person who, immediately before these Regulations come into force, was a medical referee or a deputy medical referee under regulation 10 of the 1930 Regulations shall be treated as a medical referee appointed under regulation 6(1) or a deputy medical referee appointed under regulation 6(2), as the case may be.

(2) Any person who, immediately before these Regulations come into force, was a registrar under regulation 17 of the 1930 Regulations shall be treated as a registrar appointed under regulation 31.

(3) Notwithstanding the revocation of the 1930 Regulations, the forms in the Schedule to those Regulations may be used in the cases to which they apply in relation to a cremation held before 1st February 2009.

(4) In this regulation “the 1930 Regulations” means the Regulations made by the Secretary of State under section 7 of the Cremation Act 1902 and section 10 of the Births and Deaths Registration Act 1926 and dated the 28th October 1930(b).

By authority of the Secretary of State

22nd October 2008

Bridget Prentice
Parliamentary Under-Secretary of State,
Ministry of Justice

(a) 1996 c. 16.
(b) S.R. & O. 1930/1016.

SCHEDULE 1

Regulation 14(1)

Forms

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

Cremation 1
replacing Form A

01.09

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

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

continued over the page ↗

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

continued over the page 

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

--	--	--	--	--	--	--

continued over the page 

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 or "Fixion" intramedullary nailing system)?

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.

Yes No
 I don't know

Part 5 Inspection of certificates

You are entitled to inspect the certificates (if any) given by doctors under regulation 16(c)(i) of the Cremation 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 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

Application for cremation of body parts

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'.

Cremation 2 | 01.09
replacing Form AA

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

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

continued over the page ➞

Regulation 19(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?

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.

Yes No

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.

continued over the page 

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)

--	--	--	--	--	--	--	--

continued over the page 

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 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

/ /

Application for cremation of stillborn baby

Cremation 3
introduced in 2009

01.08

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

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

/ /

continued over the page 

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

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

continued over the page 

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 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

/ /

Medical certificate

Cremation 4
replacing Form B | 01.08

This form can only be completed by a registered medical practitioner.
Please complete this form in full, if a part does not apply enter 'N/A'.

Part 1 Details of the deceased

Full name

Address

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

Where a past occupation of the deceased person may suggest that the death was due to industrial disease, you should consider whether to refer the death to a coroner.

Part 2 The report on the deceased

1. What was the date and time of death of the deceased?

Date

 / /

Time

2. Please give the address where the deceased died.

Address

Please state whether it was the residence of the deceased or a hotel, hospital, or nursing home etc.

Their home

Hospital

Other (please specify)

Hotel

Nursing home

continued over the page 

Regulation 16(c)(i) of the Cremation (England and Wales) Regulations 2008

Part 2 continued

3. Are you a relative of the deceased?

Yes No

If Yes, please give the nature of your relationship.

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

Yes No

If Yes, please give details.

5. Were you the deceased's usual medical practitioner?

Yes No

If Yes, please state for how long.

If No, please give details of your medical role in relation to the deceased.

6. Please state for how long you attended the deceased during their last illness?

7. Please state the number of days and hours before the deceased's death that you last saw them alive?

Days

Hours

8. Please state the date and time that you saw the body of the deceased and the examination that you made of the body.

Date

□ □ / □ □ / □ □ □ □

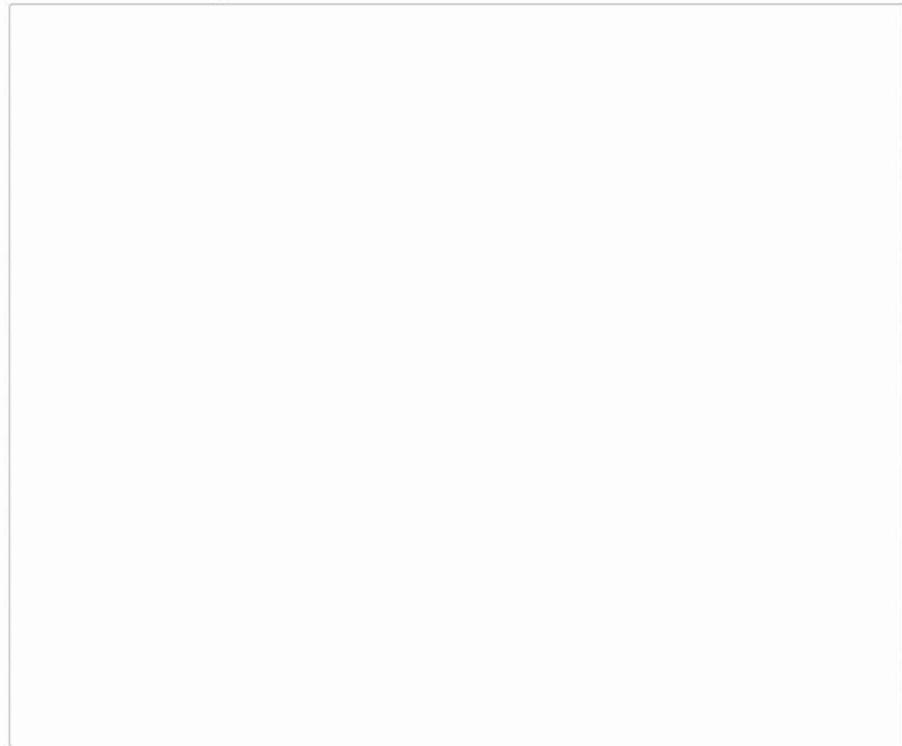
Time

Examination

continued over the page 

Part 2 continued

9. From your medical notes, and the observations of yourself and others immediately before and at the time of the deceased's death, please describe the symptoms and other conditions which led to your conclusions about the cause of death.



10. If the deceased died in a hospital at which they were an in-patient, has a hospital post-mortem examination been made or supervised by a registered medical practitioner of at least five years' standing who is neither a relative of the deceased nor a relative of yours or a partner or colleague in the same practice or clinical team as you?

Yes No

If Yes, are the results of that examination known to you?

Yes No

Note: 'Five years' standing' means a medical practitioner who has been a fully registered person within the meaning of the Medical Act 1983 for at least five years and, if paragraph 10 of Schedule 1 to the Medical Act 1983 (Amendment) Order 2002 (S.I. 2002/3135) has come into force, has held a licence to practice for at least five years or since the coming into force of that paragraph.

continued over the page 

Part 2 continued

11. Please give the cause of death

1. (a) Disease or condition directly leading to death (this does not mean the mode of dying, such as heart failure, asphyxia, asthenia, etc: it means the disease, injury, or complication which caused death)

(b) Other disease or condition, if any, leading to (a)

(c) Other disease or condition, if any, leading to (b)

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

12. Did the deceased undergo any operation in the year before their death?

Yes No

If Yes, what was the date and nature of the operation and who performed it.

Date of operation

/ /

Who performed it

Nature of operation

13. Do you have any reason to believe that the operation(s) shortened the life of the deceased? Yes No

If Yes, please give details.

continued over the page 

Part 2 continued

- 14.** Please give the full name and address details of any person who nursed the deceased during their last illness (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.)

- 15.** Were there any persons present at the moment of death? Yes No

If Yes, please give the full name and address details of those persons and whether you have spoken to them about the death.

- 16.** If there were persons present at the moment of death, did those persons have any concerns regarding the cause of death? Yes No

If Yes, please give details

- 17.** In view of your knowledge of the deceased's habits and constitution do you have any doubts whatever about the character of the disease or condition which led to the death? Yes No

- 18.** Have you any reason to suspect that the death of the deceased was

Violent Yes No

Unnatural Yes No

- 19.** Have you any reason at all to suppose a further examination of the body is desirable? Yes No

If you have answered Yes to questions **17, 18 or 19** please give details below:

continued over the page ↗

Part 2 continued

20. Has a coroner been informed about the death?

Yes No

If Yes, please state the outcome.

21. Has there been any discussion with a coroner's office about the death of the deceased?

Yes No

If Yes, please state the coroner's office that was contacted and the outcome of the discussions.

22. Have you given the certificate required for registration of death?

Yes No

If No, please give the full name and contact details of the medical practitioner who has

Full name

Address

Telephone number

23. Was any hazardous implant placed in the body (e.g. a pacemaker, radioactive device or 'Fixion' intramedullary nailing system)?

Yes No

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, has it been removed?

Yes No

continued over the page 

Part 3 Statement of truth

I certify that I am a registered medical practitioner.

I certify that the information I have given above is 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 either a violent or unnatural death or a sudden death of which the cause is unknown or in a place or circumstance which requires an inquest in pursuance of any Act.

I am aware that it is an offence to wilfully make a false statement with a view to procuring the cremation of any human remains.

Your full name

Address

Telephone number

Registered qualifications

GMC Reference number

Signed

Dated

/ /

Once completed, this certificate must be handed or sent in a closed envelope by, or on behalf of, the medical practitioner who signs it to the medical practitioner who is to give the confirmatory medical certificate except in a case where question 10 is answered in the affirmative, in which case the certificate must be so handed or sent to the medical referee at the cremation authority at which the cremation is to take place.

Confirmatory medical certificate

Cremation 5
replacing Form C

01.08

This form may only be completed by a registered medical practitioner of at least five years' standing who is not either a relative of the deceased, the medical practitioner who issued the medical certificate (form Cremation 4) or a relative or a partner or colleague in the same practice or clinical team as the medical practitioner who issued that certificate.

'Five years' standing' means a medical practitioner who has been a fully registered person within the meaning of the Medical Act 1983 for at least five years and, if paragraph 10 of Schedule 1 to the Medical Act 1983 (Amendment) Order 2002 (S.I. 2002/3135) has come into force, has held a licence to practice for at least five years or since the coming into force of that paragraph.

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

Part 1 Details of the deceased

Full name

Address

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

Part 2 The report on the deceased

1. Have you questioned the medical practitioner who gave the Medical Certificate (form Cremation 4)?

Yes No

If No, please give reasons.

continued over the page 

Regulation 16(c)(i) of the Cremation (England and Wales) Regulations 2008

Part 2 continued

In answer to questions 2, 3, 4, and 5, please give names and addresses of persons questioned and say whether you spoke to them in person or by telephone. Any failure to answer one of these questions in the affirmative may be treated as inadequate enquiry.

2. Have you questioned any other medical practitioner who attended the deceased? Yes No

If Yes, please give the full name and address details of the medical practitioner(s).

3. Have you questioned any person who nursed the deceased during their last illness, or who was present at the death? Yes No

If Yes, please give the full name and address details.

4. Have you questioned any of the relatives of the deceased? Yes No

If Yes, please give the full name and address details.

5. Have you questioned any other person? Yes No

If Yes, please give the full name and address details.

continued over the page ↗

Part 2 continued

6. Please state the date and time that you saw the body of the deceased and the examination that you made of the body.

Date

□□ / □□ / □□□□

Time

Examination

7. Do you agree with the cause of death given in question 11 of Part 2 of the Medical Certificate (form Cremation 4)? Yes No

If No, please give reasons and give the cause of death.

Reason(s) for disagreeing

1. (a) Disease or condition directly leading to death (this does not mean the mode of dying, such as heart failure, asphyxia, asthenia, etc: it means the disease, injury, or complication which caused death)

(b) Other disease or condition, if any, leading to (a)

(c) Other disease or condition, if any, leading to (b)

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

continued over the page 

Part 3 Statement of truth

I certify that I am a registered medical practitioner of at least five years' standing and I am not a relative of the deceased, or a relative or a partner or colleague in the same practice or clinical team as the medical practitioner who has given the Medical Certificate (form Cremation 4).

I certify that the information I have given above is 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 either a violent or unnatural death or a sudden death of which the cause is unknown or in a place or circumstance which requires an inquest in pursuance of any Act.

I am aware that it is an offence to wilfully make a false statement with a view to procuring the cremation of any human remains.

Your full name

Address

Telephone number

Registered qualifications

GMC reference number

Signed

Dated

Once completed, this certificate and the Medical Certificate (form Cremation 4) must be handed or sent in a closed envelope by one of the medical practitioners giving the certificates to the medical referee at the cremation authority at which the cremation is to take place.

Certificate of coroner

Cremation 6
replacing Form E | 01.08

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

Part 1 Details of the deceased

Full name

Age at date of death

Sex

Male Female

Date of death

Place of death or where body found

Registration district and sub-district in which the death is to be registered

Cause of death or insert unascertained

1. (a) Disease or condition directly leading to death (this does not mean the mode of dying, such as heart failure, asphyxia, asthenia, etc: it means the disease, injury, or complication which caused death)

- (b) Other disease or condition, if any, leading to (a)

- (c) Other disease or condition, if any, leading to (b)

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

continued over the page ↗

Regulation 16(c)(ii) of the Cremation (England and Wales) Regulations 2008

Part 2 Certification of coroner

I certify that:

- a post-mortem examination of the body of the deceased has been made by my direction or at my request and as a result I am satisfied that an inquest is unnecessary.
- I have opened an inquest on the body of the deceased.
- the death occurred outside the British Islands and no post-mortem examination or inquest is necessary.

In my opinion there is no need for any further examination of the body.

Print your full name

Signed

District

Dated

 / /

Part 3 Notification by Registrar of cremation

(Section 3(1) of the Births and Deaths Registration Act 1926)

Name of deceased

Date of death

 / /

Place of death

was cremated on

 / /

Name of crematorium

Print your full name

Signed

Dated

 / /

Certificate following anatomical examination

Cremation 7
replacing Form H

01.08

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

Part 1 Details of the deceased

Full name

Age at date of death

Sex

Male Female

Date of death

/ /

Part 2 Certification of anatomical examination

I certify that the body of the deceased has undergone an anatomical examination under the authority of a licence granted under the Human Tissue Act 2004¹ for that purpose.

The examination took place at

Your full name

Address

Registered qualifications

Signed

Dated

/ /

¹ If the anatomical examination took place before the implementation of the Human Tissue Act 2004 on 1 September 2006, for the words 'Human Tissue Act 2004' substitute a reference to the relevant Anatomy Act under which the examination was authorised.

Certificate releasing body parts for cremation

Cremation 8
replacing Form DD

01.08

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

Part 1 Details of the deceased

Full name

Address

Age at date of death

Sex

Male Female

Date of death

Place of death

Part 2 Body parts for release

I confirm on behalf of (insert name and address of hospital trust or other authority lawfully holding the body parts)

that the following body parts are held in respect of the deceased—

Heart Brain Chest Abdominal

(please specify)

other Organs

continued over the page 

Regulation 19(c)(i) of the Cremation (England and Wales) Regulations 2008

Part 2 continued

I certify that there is no reason for any further inquiry or examination concerning the above body parts and that they are [with the consent of the coroner for the following district]¹ now released for cremation in a suitably safe and prepared condition. I am aware that it is an offence to wilfully make a false statement with a view to procuring the cremation of any human remains .
¹delete if not applicable

Name of coroner's district (if applicable)

Your full name

Address

Registered qualifications

GMC reference number

Signed

Dated

 / /

Certificate of stillbirth

Cremation 9
introduced in 2009 | 01.08

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

Part 1 The stillborn child

Full name of child or description

Sex

Male Female

Date of stillbirth

/ /

Part 2 Certificate of stillbirth

I am a registered

- medical practitioner
 midwife

I certify that I have examined the body of the stillborn child and can certify that the child was stillborn.

I certify that the information I have given above is true and accurate to the best of my knowledge and belief.
I am aware that it is an offence to wilfully make a false statement with a view to procuring a cremation.

Your full name

Address

Registered qualifications

GMC reference number / Nursing and Midwifery Council Personal Identification number (PIN)

Signed

Dated

/ /

Regulation 20(1)(c)(i) of the Cremation (England and Wales) Regulations 2008

Authorisation of cremation of deceased person by medical referee

Cremation 10
replacing Form F

01.08

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

Part 1 Details of the deceased

Full name

Address

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

Part 2 Authorisation by medical referee

An application has been made for the cremation of the remains of the deceased.

I am satisfied that—

- (a) the requirements of the Cremation (England and Wales) Regulations 2008 have been complied with;
- (b) the inquiry/examination made by the persons who gave the relevant certificates has been adequate; and
- (c) the fact and cause of death have been definitely ascertained or, if not ascertained, a coroner has opened an inquest.

Accordingly, I authorise the Registrar of the following crematorium to cremate the remains of the deceased within that crematorium—

Name of crematorium

Print your full name

Cremation authority

Signed

Dated

/ /

Regulation 23(1) of the Cremation (England and Wales) Regulations 2008

Certificate after post-mortem examination

Cremation 11
replacing Form D

01.08

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

Part 1 Details of the deceased

Full name

Address

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

Part 2 Certification of person making post-mortem examination

I certify that I have made a post-mortem examination of the remains of the deceased under the authority of a licence granted under the Human Tissue Act 2004 for that purpose and the appropriate consents required by that Act having been obtained.

I am satisfied that the cause of death was

1. (a) Disease or condition directly leading to death (this does not mean the mode of dying, such as heart failure, asphyxia, asthenia, etc: it means the disease, injury, or complication which caused death)

(b) Other disease or condition, if any, leading to (a)

(c) Other disease or condition, if any, leading to (b)

continued over the page ↗

Regulation 24(3) of the Cremation (England and Wales) Regulations 2008

Part 2 continued

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

I am satisfied that there is no reason for making any toxicological analysis.

If a toxicology analysis has been made have the results been stated in this certificate or are they attached? stated in this certificate
 attached to this certificate

I am satisfied that there is no reason for the holding of an inquest.

If the cause of death is such as to require that an inquest be held, the coroner should issue a certificate and meet the costs of the post-mortem examination by paying the fee prescribed by the Secretary of State.

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.

Your full name

Address

Registered qualifications

GMC reference number

Signed

Dated

/ /

Authorisation of cremation of
body parts by medical referee

Cremation 12
replacing Form FF | 01.09

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

Part 1 The deceased/stillborn child

In the case of a stillborn child who has not been given a name, insert a description sufficient to identify the body.

Full name

Address

Part 2 Authorisation by medical referee

An application has been made for the cremation of the body parts of the deceased/stillborn child.

I am satisfied that the requirements of the Cremation (England and Wales) Regulations 2008 have been complied with.

Accordingly, I authorise the Registrar of the following crematorium to cremate the remains of the deceased within that crematorium—

Name of crematorium

Print your full name

Cremation authority

Signed

Dated

Regulation 25 of the Cremation (England and Wales) Regulations 2008

Authorisation of cremation of stillborn child by medical referee

Cremation 13
introduced in 2009 | 01.08

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

Part 1 The stillborn child

Full name of child or description

Sex

Male Female

Part 2 Authorisation by medical referee

An application has been made for the cremation of the stillborn child.

I am satisfied that—

- (a) the requirements of the Cremation (England and Wales) Regulations 2008 have been complied with;
- (b) the examination made by the person who gave the relevant certificate has been adequate; and
- (c) there is no reason for further examination.

Accordingly, I authorise the Registrar of the following crematorium to cremate the stillborn child within that crematorium—

Name of crematorium

Print your full name

Cremation authority

Signed

Dated

/ /

SCHEDULE 2

Regulation 36

Instruments revoked

<i>Instruments revoked</i>	<i>Reference</i>
Regulations, dated 28th October 1930, made by the Secretary of State under section 7 of the Cremation Act 1902 and section 10 of the Births and Deaths Registration Act 1926	S.R. & O. 1930/1016
The Cremation Regulations 1952	S.I. 1952/1568
The Cremation Regulations 1965	S.I. 1965/1146
The Cremation Regulations 1979	S.I. 1979/1138
The Cremation (Amendment) Regulations 1985	S.I. 1985/153
The Cremation (Amendment) Regulations 2000	S.I. 2000/58
The Cremation (Amendment) Regulations 2006	S.I. 2006/92

EXPLANATORY NOTE

(This note is not part of the Regulations)

These Regulations revoke and replace the Regulations made by the Secretary of State under section 7 of the Cremation Act 1902 and section 10 of the Births and Deaths Registration Act 1926, dated 28th October 1930. They reproduce many of the provisions made in the 1930 Regulations and introduce some new provisions.

Part 2 sets out the requirements for the maintenance and inspection of crematoria. Part 3 contains the provisions relating to a medical referee. Provision is made so that more than one deputy medical referee may be appointed and for a deputy medical referee to perform the functions of the medical referee in a wide range of circumstances. A medical referee or a deputy may also perform the functions of the medical referee appointed for another cremation authority in an emergency.

Part 4 sets out the conditions under which cremations may take place, in particular, the documentation that must be provided before a cremation may be authorised. The forms in Schedule 1 to the Regulations must be used in the cases to which they apply.

Regulation 22 makes new provision so that where the person who applied for the cremation, or someone nominated by that person, has given a contact telephone number to the cremation authority, the cremation authority is required to make all reasonable attempts to notify that person when the medical certificates giving details as to the deceased's cause of death are available for inspection. The applicant, or the person nominated by them, then has 48 hours to inspect the certificates and make any representations to the medical referee.

Regulation 23(2) enables a medical referee to authorise a cremation if satisfied that the cremation authority has made all reasonable efforts to make contact with the person who has given their contact telephone number to the cremation authority but has been unable to do so within 48 hours from the time it received the certificates.

Part 5 deals with the incineration of body parts, Part 6 deals with the disposal or interment of ashes, and Part 7 with the registration of cremations and the preservation of the documents relating to the cremation.

Part 8 contains revocations, savings and transitional provisions. Medical referees, deputy medical referees and registrars appointed under the 1930 Regulations are treated as having been appointed under these Regulations. The forms in the Schedule to the 1930 Regulations can continue to be used in relation to a cremation held before 1st February 2009.

A partial regulatory impact assessment of the effect that this instrument will have on the costs of business and the voluntary sector is available from the Coroners Unit, Ministry of Justice, 2nd floor tower (2.39), 102 Petty France, London SW1H 9AJ and can be found at <http://www.justice.gov.uk/publications/cp1107.htm>.

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