Confirmatory Medical Certificate

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 license 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

Postcode

Occupation or last occupation if retired or not in work at 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.

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.

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 (hh:mm)

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.

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.

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

Postcode

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.