

# Authorisation of cremation of deceased person by medical referee

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

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## Part 1 Details of the deceased person

Full name

Address

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

## Part 2 Authorisation by medical referee

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

I am satisfied that:

- (a) the requirements of the Cremation (England and Wales) Regulations 2008 have been complied with;  
and
- (b) where a coroner is under a duty to investigate under section 1 of the Coroners and Justice Act 2009, an investigation has been opened.

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

Name of crematorium

Print your full name

Cremation authority

Signed

Dated