



AUTHORISATION OF CREMATION OF DECEASED PERSON BY MEDICAL REFEREE

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								
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>								

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

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If you require this information in large print or in any other format,
 please contact us on 01892 526121

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

