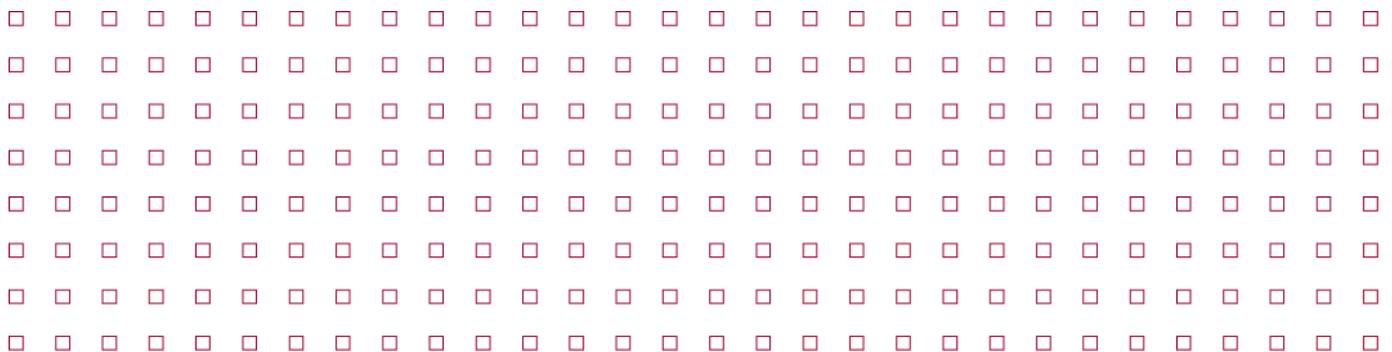




# **The Cremation (England and Wales) Regulations 2008**

## Guidance to crematorium medical referees

20 February 2012



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## Summary

- All questions on forms Cremation 1, 4 and 5 should be answered.
- You must be satisfied that the applicant is entitled to sign and complete form Cremation 1.
- It is your responsibility to check forms Cremation 4 and Cremation 5 thoroughly and to query any inconsistencies. Do not assume that the form Cremation 5 medical practitioner has properly checked form Cremation 4.
- You should reject illegible forms.
- We consider that form Cremation 4 should only be completed by a medical practitioner who treated the deceased during the last illness and who had seen him or her within 14 days of death – and not by anyone else on that medical practitioner’s behalf. There may be more than one medical practitioner treating a person on a hospital ward – or elsewhere – during the last illness. If the main treating medical practitioner has gone on leave or fallen ill it may be possible for another medical practitioner to complete form Cremation 4, but only in exceptional circumstances.
- Modes of death, e.g. “multi-organ failure” or “heart attack”, are unacceptable as a cause of death; you should reject forms which do not have a proper cause of death.
- “Old age” as a stand-alone cause of death for over 80s is acceptable for registration purposes, but you should explore the recent history with the form Cremation 4 medical practitioner and exercise caution.
- You should not be pressurised into accepting last minute applications; you should, however, be prepared to make yourself available at some stage during each working day.
- If a coroner has completed form Cremation 6, you still need to check form Cremation 1 to ensure that the proper person has applied for the cremation.
- If a coroner’s office has been made aware of the case but has decided not to issue form Cremation 6, you must make your own decision on whether to authorise the cremation, liaising with the coroner’s office as necessary.
- You may order a post-mortem examination. You will, however, need the appropriate consent of the next of kin, executor or relevant family members and it should be made clear who will be paying for the post-mortem examination before you issue instructions.
- You must give written reasons to the applicant if you reject an application.

- You must be satisfied that either a coroner has issued form Cremation 6, that the death has been registered, or that it is not required to be registered.
- Form Cremation 5 medical practitioners must be fully registered medical practitioners for at least 5 years within the meaning of the Medical Act 1983.
- Up-to-date information about the qualifications of European medical practitioners is on the General Medical Council's website – see also Annex A.
- The form Cremation 5 medical practitioner cannot be a partner or colleague in the same practice or clinical team of the form Cremation 4 medical practitioner, or a relative of the deceased. The two medical practitioners must be truly independent of one another, i.e. not on the same team in hospital or a locum at the same surgery. Similarly, if the deceased died in hospital and the medical practitioner filling in form Cremation 4 is based in hospital, the deceased's GP cannot sign form Cremation 5.

## Introduction

1. You should familiarise yourself with the legislation under which you perform your duties. The Cremation (England and Wales) Regulations 2008 came into effect on 1 January 2009. Forms 1 to 13 replace and add to forms A to H under the previous Regulations. The old forms may no longer be used.

## Regulations

2. A copy of the Cremation Regulations 2008 (“the Cremation Regulations”) is attached to this guidance and all references to Regulations in this guidance are to the 2008 Regulations.

## Functions

3. Your functions as medical referee are set out in regulations 23 to 28 of the Cremation Regulations 2008, and can be summarised as follows:
  - Not to allow a cremation unless you are satisfied that the death has been properly registered, or is not required to be registered, or that a coroner has issued a certificate as set out in form Cremation 6;
  - To be satisfied that the application and certificates are as required by the Regulations;
  - To be satisfied that adequate inquiries have been made by the medical practitioners completing the certificates;
  - To be satisfied either that the application has been made by an executor or a near relative of the deceased, or that there is sufficient explanation why the application has not been made by an executor or near relative;
  - Not to allow the cremation unless you are satisfied that the fact and cause of death have been definitely ascertained, or if not so ascertained that the coroner has investigated the death and has released the body;
  - To request a pathologist to carry out a post-mortem examination if the cause of death has not been definitely ascertained or, in particular, the cause of death given on either form Cremation 4 or Cremation 5 suggests that it might be due to poison, violence, an illegal operation, privation or neglect (although in practice, these cases would normally

be referred to the coroner), subject to the consent of the appropriate person (as set out in Part 1 of the Human Tissue Act 2004) being obtained;

- Not to allow the cremation if such a post-mortem examination fails to reveal the cause of death, unless an inquest has been opened and a coroner has issued form Cremation 6;
  - Not to allow the cremation if there are other suspicious circumstances connected to the death of the deceased, whether revealed in the medical certificates or otherwise, unless an inquest has been opened and a coroner has completed form Cremation 6;
  - If the death has been referred to the coroner, not to allow the cremation until an inquest has been opened, if a coroner has given notice of his intention to open an inquest;
  - To make such reports to the Secretary of State as may from time to time be required;
  - To consider any representations from the applicant for cremation following his or her inspection of the medical certificates, and to refer the case to a coroner as necessary.
4. You should avoid any unnecessary delay to cremations but it is essential that you ensure that no cremation takes place unless all the relevant forms have been properly completed in accordance with the Regulations. You have the statutory power to reject inadequately completed forms, and you may refuse to authorise cremation until the forms have been completed satisfactorily. However, you must give your reasons if you refuse to authorise a cremation.
5. There may be times where the answer to question 3 of Part 4 of form Cremation 1 indicates an objection by another near relative, or executor, to the proposed cremation. In these circumstances we would suggest that you and the cremation authority invite the applicant to resolve any external issues before applying for cremation.

## **Cremation Forms - General**

6. All the cremation forms can be downloaded from our website at [www.justice.gov.uk/guidance/burials-and-coroners/cremation.htm](http://www.justice.gov.uk/guidance/burials-and-coroners/cremation.htm). Non-statutory versions of these forms should not be used. Crematoria or funeral directors must not change the wording of the forms, and you should not authorise any cremation which does not use the statutory forms.

### **Those who can sign forms Cremation 4**

7. Regulation 17 of the Cremation Regulations requires the medical certificate (form Cremation 4) to be completed by a registered medical practitioner who holds a licence to practise with the General Medical Council. This includes those who hold provisional or temporary registration and a licence to practise with the General Medical Council.

### **Those who can sign forms Cremation 5**

8. Regulation 17 of the Cremation Regulations also provides for the confirmatory medical certificate (form Cremation 5) to be completed by a registered medical practitioner of at least 5 years' standing. This means a registered medical practitioner who has been fully registered under the Medical Act 1983 for at least 5 years and who has held a licence to practise for at least 5 years within the meaning of the Medical Act 1983. In cases of doubt advice from the GMC's Contact Centre should be sought (Tel: 0161 923 6602).

### **Overseas medical practitioners**

9. Overseas medical practitioners who are registered with a licence to practise in the UK may sign form Cremation 4 or, if registered in the UK for 5 years or more, may sign form Cremation 5. Otherwise, it will depend on whether the medical practitioner comes from and qualified outside the European Economic Area (EEA) or within it.

10. EC Directive 2005/36/EC (recognition of medical qualifications) has replaced earlier directives. Unlike its predecessors, the current directive extends the principle of mutual recognition of professional qualifications to those awarded outside the EEA if the holder of a 'third country' qualification is an exempt person (i.e. a national of a relevant European State or entitled to be treated as such) and has three years' professional experience in the profession concerned on the territory of the relevant European State that initially recognised the qualification. (A list of the EEA member states and the places where primary European qualifications are obtained is at Annex A). Details of qualifications gained outside the EEA will need to be checked with the GMC.
  
11. A national of any EEA member state holding a primary European qualification is entitled to be registered in the UK as a fully registered medical practitioner. Experience acquired under the primary European qualification outside the UK should count towards any period of registration. Accordingly, an overseas medical practitioner who has a primary European qualification in an EEA member state may sign a form Cremation 5, provided that he or she has held the qualification for five years and is registered in the UK. It may occasionally be necessary to ascertain the date and place of the qualification with the medical practitioner concerned. If you have any doubt, you should check with the General Medical Council. Details of a medical practitioner's qualification are published in the List of Registered Medical Practitioners which can be accessed through the GMC website. (Information about EEA medical schools can be found at [www.iime.org/database/europe](http://www.iime.org/database/europe).)

## **Corroboration of cause of death**

12. Regulation 17 also requires that the registered medical practitioner who completes the confirmatory medical certificate (form Cremation 5) must not be a relative of the deceased, or a relative, colleague or partner in the same practice or clinical team of the medical practitioner who has completed the cremation certificate in form Cremation 4. The same medical practitioner may not issue both forms Cremation 4 and Cremation 5. Furthermore, it is not acceptable for the medical referee to sign form Cremation 5 except in exceptional circumstances where it is an emergency, as set out in regulation 12(a). Medical referees who continue to sign both forms Cremation 10 and 5 may be required to submit returns to the Secretary of State.

13. The purpose of requiring two independent medical practitioners to complete separate forms Cremation 4 and Cremation 5 is to provide corroboration of the medical circumstances in which death took place. Accordingly, the medical practitioners must be truly independent of one another. You must be satisfied that the medical practitioners who complete forms Cremation 4 and Cremation 5 are sufficiently independent of each other in all cases. The fact that it may sometimes be difficult to find an independent medical practitioner is never a sufficient reason for failing to do so.
  
14. Furthermore, outside the hospital setting, and particularly within the care-home setting, the patient's GP should not sign form Cremation 5 as it cannot be said that they are truly independent from the care that the deceased received in life.
  
15. Similarly, where a provisionally registered or junior hospital medical practitioner has completed form Cremation 4, the medical practitioner who completes the form Cremation 5 should not have been in charge of the case, nor directly involved in the patient's treatment. Criminal and General Medical Council proceedings have been successfully brought against medical practitioners who have falsely completed the forms.

## **Dentists**

16. Dentists are not qualified to complete the medical certificate or the confirmatory medical certificate.

## Completion of forms Cremation 1, Cremation 4 and Cremation 5

### General

17. It is essential that:

- All forms are completed in full
- All questions are answered
- No questions are deleted
- The forms are written in legible handwriting
- Any discrepancies between the forms as to the date and time of death are resolved.

18. Discrepancies as to date and time of death give particular cause for concern and you should always challenge them. It may, for example, be explained that the medical practitioner saw the deceased, and only verified death, many hours after the family believe death occurred. This explanation should not be accepted without confirmation from all parties.

19. Abbreviations for causes of death are unacceptable where they are unclear, unusual or ambiguous; in such cases you should make further enquiries of the medical practitioner concerned. There must be a hand-written signature, not an abbreviation or a stamp. It is for the medical practitioner concerned to complete the certificate and not for another person to do so on his or her behalf. The medical practitioner completing the confirmatory certificate should not seek to amend the certificate of the attending medical practitioner, but should instead record any differences (e.g. as to the cause of death) on his or her own certificate, with an explanation of any differences.

20. It is for you to decide whether the information provided on the certificate allows you to authorise the cremation, with or without further enquiry. If there has been insufficient enquiry or there is an unclear cause of death, you are likely to need to make further enquiries of one or both medical practitioners and in some cases the applicant.

## **Form Cremation 1: Application for cremation: the right of inspection (replaced form A)**

21. There is no need for a counter-signature as was the case with previous versions of this form.
22. The application should be made by an executor or a near relative of the deceased. Where it is not, enquiries should be made to ascertain either that
- efforts to identify any executor or near relative have failed;
  - that the executor or near relative do not object to a cremation; or
  - that the executor or near relative does not wish to make the application themselves.
23. In some cases, the next of kin will be described as being too upset to make the application personally and will have delegated this responsibility to another member of the family. This is understandable, but you may still need to make further enquiries to establish the true position.
24. Part 5 on form Cremation 1 relates to the right of inspection of forms Cremation 4 and Cremation 5. This was introduced in 2009 as an important Shipman-related reform as a result of feedback from the families of Harold Shipman's victims who believed that they would have recognised the cause of death as being wrong if they had had seen the cremation forms that he had completed. You will not necessarily be involved in the process, but you may sometimes be asked to explain to applicants the answers on the form(s). You may also need to take account of any concerns the applicant may have about the accuracy of the information on the forms, in case you have to refer the case to a coroner or for other investigation. As such, the main purpose of the applicant's right of inspection is to identify areas of concern which might require further investigation. The applicant's right to inspect the forms should not depend upon whether he or she is willing to pay a fee to the referee for a medical explanation of the cause of death.
25. You should also be aware that funeral directors may write "not applicable" in Part 5 of form Cremation 1 where the death has been referred to a

coroner, as the right to inspect does not apply here. Alternatively, where this section has been left blank you should assume that the funeral director has discussed the right to inspect with the applicant, and that they do not wish to inspect the certificates.

## **Form Cremation 2: Application for disposal of body parts (replaced form AA)**

26. Broadly similar considerations apply to form Cremation 2 as to form Cremation 1 (see paragraphs 18 to 20 above). There is no right of inspection of any of the forms relating to body parts.

### **Form Cremation 3: Application for cremation of remains of stillborn baby**

27. The previous regulations had no statutory application forms in respect of a stillborn baby and we are aware that cremations took place solely on the basis of a registration document. The cremation of a stillborn baby now requires an application form, as well as either a form completed by a medical practitioner or midwife (see paragraph 51 below) or a declaration given by a person who can give information about the birth. It is expected that either one of the parents will complete this form, or a hospital bereavement officer will do so on their behalf on request.
28. As there is no cause of death to investigate for stillborn babies, the applicant has no right to inspect the medical form (form Cremation 9). You do need to be satisfied, however and as with form Cremation 1, that the applicant is entitled to make the application and also that there is nothing contained within the information on the forms provided to suggest that the infant was live-born. If there is any evidence which suggests that the baby was live-born or showed independent signs of life, you should discuss this with a coroner.

## Form Cremation 4: Medical certificate (replaced form B)

### QUESTION 5: “USUAL MEDICAL PRACTITIONER”

29. With a few exceptions, the usual medical practitioner is taken to be the deceased's general practitioner. Where the deceased has been an in-patient in hospital for a short period of time, in our view under 24 hours, the patient's GP, rather than the hospital medical practitioner who attended him or her for a majority of this period, should be regarded as the usual medical practitioner (although these cases should also have been at least discussed with a coroner).

### QUESTION 6: “PLEASE STATE FOR HOW LONG YOU ATTENDED THE DECEASED DURING THEIR LAST ILLNESS?”

30. The certifying medical practitioner should have attended the deceased during his or her last illness. In the primary care setting, the deceased should have been treated by the certifying medical practitioner during the days before the death. A general practitioner colleague may certify if he or she had seen the deceased outside the normally acceptable period (14 days) and the attending partner is unavailable although it is likely that such cases will have been discussed with a coroner. It should never be acceptable for the certifying medical practitioner to have seen the body only after death and not treated the deceased during the last illness.
31. The minimum period of hospital care sufficient to meet the attendance requirement is normally 24 hours before death, unless it is a readmission, or a coroner has been informed. You may need to make enquiries to ascertain that the coroner's position has been established.

### QUESTION 7: “PLEASE STATE THE NUMBER OF DAYS AND HOURS BEFORE THE DECEASED'S DEATH THAT YOU LAST SAW THEM ALIVE?”

32. The normal expectation is that the deceased will have been seen within 14 days before death; otherwise you should be satisfied that a coroner is aware of the case and is satisfied that no further investigation is

necessary. You may accept a more extended period in a hospice or palliative care setting, if named nurses are available for consultation.

**QUESTION 8: “PLEASE STATE THE DATE AND TIME THAT YOU SAW THE BODY OF THE DECEASED AND THE EXAMINATION YOU MADE OF THE BODY”**

33. Where there has been a non-coronial (consented) hospital post-mortem examination carried out by the certifying medical practitioner this should be indicated here with the findings and cause of death being given in response to Question 11. Please note the completion of form Cremation 5 is still required where the certifying medical practitioner performing the post-mortem examination has not been fully registered for at least five years. However, if there has been a post-mortem examination performed or supervised by a registered medical practitioner of at least 5 years' standing who is independent from the certifying medical practitioner the confirmatory medical certificate (form Cremation 5) need not be completed if the results of that examination are known to the certifying medical practitioner before they give form Cremation 4. However, if the medical practitioner giving form Cremation 4 has stated that they are aware that a consented post-mortem examination has taken place but does not know the results of that examination, you will need to commission a form Cremation 5. Equally, if a consented post-mortem examination has taken place by a medical practitioner who is not independent from the certifying medical practitioner giving form Cremation 4, a form Cremation 5 will be required.

**QUESTION 9: DESCRIPTION OF SYMPTOMS AND OTHER CONDITIONS**

34. This is a free-text section giving the medical practitioner an opportunity to explain how he or she arrived at the cause of death. The medical practitioner should always refer to his or her medical notes, as well as his or her own observations as to the condition of the deceased. You should make further enquiries of the treating medical practitioner if satisfactory explanations are not provided in this section.

#### QUESTION 11: CAUSE OF DEATH

35. You must ensure that all sections of this question have been answered. A mode of death on its own is never acceptable. The failure of an organ needs to explain the cause of that failure.

#### QUESTION 12 AND 13: OPERATIONS

36. The answers to these questions are intended both to identify possible surgical mishaps (although such deaths should have been referred to a coroner to investigate), and to indicate diagnostic procedures which contributed to the cause of death. If surgical procedures of potential significance are not included, this may call into question the reliability of the certificate.

#### QUESTIONS 14, 15 AND 16: THOSE NURSING THE DECEASED OR PRESENT AT THE DEATH

37. These questions are intended to help in gathering confirmatory information. Specific names (and contact details) should be given, as they will assist both the confirmatory medical practitioner and you. Indeed, an unnamed nurse or family member with no contact details is unlikely to be of any value.

#### QUESTIONS 17, 18 AND 19: BACKGROUND AND CIRCUMSTANCES

38. These questions are likely to be answered in the negative, but if not they will invariably prompt further investigation and, in many cases, reference to a coroner.

#### QUESTIONS 20 AND 21 – REFERRAL TO A CORONER/CORONER'S OFFICE

39. If you are wholly satisfied as to the cause of death, you will not need to engage with the coroner. However, in cases where there are concerns or doubts you may wish to discuss the case further with a coroner or his or her staff. It is for you to be satisfied as to the cause of death before authorising cremation.

#### QUESTION 22 – REGISTRATION OF DEATH

40. In the majority of cases where the medical practitioner registering the death has also completed form Cremation 4, you are unlikely to need to make further enquiries about the registration. However, if the answer is “no”, the confirmatory medical practitioner (or you) should enquire of the medical practitioner who has completed the medical certificate of the cause of death, in order to ensure that any possible discrepancies or uncertainties are resolved.

#### QUESTION 23 – REMOVAL OF IMPLANTS

41. Some implants may cause damage to the cremator, and may even be a serious health and safety risk if they explode. Fixion nail implants, inserted under pressure into bones, are of particular concern on health and safety grounds. You must be satisfied that any implant remaining within the body of the deceased is safe – otherwise it must be removed. A list of potentially hazardous implants is contained at Annex B.

#### PART 3 – STATEMENT OF TRUTH

42. In cases of doubt (particularly where the form has been poorly completed), you should check the registered qualifications and the General Medical Council reference number on the General Medical Council's website. All signatories must be registered medical practitioners with a licence to practise (including those with temporary or provisional registration), although the date of registration is immaterial.

## **Form Cremation 5: Confirmatory medical certificate (replaced form C)**

43. Form Cremation 5 must be completed, unless the categories in Regulations 16(c)(iii), 17(3), 18 or 24(2) apply, i.e. when a coroner has issued form Cremation 6, there has been an anatomical examination of the body or there has been a consented post-mortem examination as described above (see paragraph 33). If form Cremation 5 has been completed where there was no need for it, you should draw this to the attention of the medical practitioner concerned, so that any fee paid may be refunded to the applicant. You should also ask the funeral director to ensure that the applicant is not charged a fee for this unnecessary service.
  
44. The cause of death on form Cremation 5 does not need to be the same as the one given on form Cremation 4, but you should make enquiries about any discrepancy if it is not explained adequately.
  
45. There should also be an affirmative answer to at least one of questions 2 to 5. This should not introduce significant delay to the completion of form Cremation 4 or to the funeral arrangements. Question 2 should be answered in the affirmative only if the medical practitioner who completed form Cremation 5 has questioned a medical practitioner other than the medical practitioner who completed form Cremation 4. It should be clear in response to each question whether the form Cremation 5 medical practitioner has spoken face-to-face to the other person or on the telephone.

## **Form Cremation 6: Certificate of coroner (replaced form E)**

46. A coroner must be notified if any suspicious circumstances come to your attention or if you believe the death was due to industrial disease, was violent, unnatural, sudden with unknown cause or occurred in custody. Where a coroner has been consulted by the medical practitioners who completed either form Cremation 4 or form Cremation 5, or by you, and the coroner considers that their involvement is unnecessary, the medical practitioner concerned (or you, as appropriate) should record this next to Question 21 of form Cremation 4, or after Question 7 of form Cremation 5, or on a blank space on form Cremation 8.
47. Coroners and medical referees sometimes take a different view about what is an acceptable or appropriate cause of death. You are not bound to accept the view of the coroner and may refuse to authorise cremation if you do not consider that you can. In such cases, you should advise the coroner of your decision and consider whether a post-mortem examination is necessary (see paragraphs 55 and 56).

## **Form Cremation 7: Anatomical examination (replaced form H)**

48. The relatives or executors of the deceased may apply for the cremation of a body which has been subject to anatomical examination in accordance with the Human Tissue Act 2004 or the previous anatomy legislation, using form Cremation 1 accompanied by form Cremation 7. Alternatively, the authorities of the School of Anatomy or other such licensed institution may make the application. In these cases, you should be satisfied that the appropriate person has signed the application and that there is a satisfactory reason why the executor or near relative has not made the application. Where there is any doubt, you should make enquiries to ascertain whether efforts to identify any executor or near relative have failed, or whether the executor or near relative do not oppose the application, but do not wish to make the application themselves.
49. Application may occasionally be made for the cremation of parts remaining from a body donated under the provisions of the Human Tissue Act 2004 (or the legislation which that 2004 Act superseded) and which has already been separately cremated. Provided the retained body parts were removed in the course of the examination of the donated body, we take the view that it is reasonable to cremate on the authority of the existing form Cremation 7.

## **Form Cremation 8: Certificate releasing body parts for cremation (replaced form DD)**

50. Regulation 19 deals with the cremation of body parts removed following a post-mortem examination. Body parts may also be incinerated as desired and the medical referee will have no involvement in such cases. You will need to examine this form, together with the application form (form Cremation 2) and to be satisfied that registration of the deceased has taken place or a coroner has issued form Cremation 6 in relation to this death.

## **Form Cremation 9: Certificate of stillbirth**

51. You should be satisfied that the information on this form matches that on the application form for stillbirth (form Cremation 3). Form Cremation 9 may be completed by either a registered medical practitioner or a registered midwife. In cases of doubt, you may wish to check registration with the appropriate governing body, either the General Medical Council or the Nursing and Midwifery Council.

## **Forms Cremation 10 (replaced form F), Cremation 12 (replaced form FF) and Cremation 13: Medical referee's authority to cremate**

52. When completing these forms, you should check the details of the name, address and occupation of the deceased against those on the other forms and registration document, if any, and query any discrepancies before you authorise cremation. The occupation of the deceased, combined with the apparent cause of death, may indicate that the person had died from an industrial disease. If you are concerned that this has been overlooked, it may be helpful to discuss the matter with a coroner, as any failure accurately to record this information may have an impact on any outstanding industrial disease compensation claims.
53. You should have some local knowledge of the industrial processes which take place, or have taken place, in your area. The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 lists industrial diseases which have to be reported. An electronic copy of these regulations is at [www.legislation.gov.uk/ukxi/1995/3163/contents/made](http://www.legislation.gov.uk/ukxi/1995/3163/contents/made).
54. You must always complete Part 2 of form Cremation 10, 12 or 13.

## **Form Cremation 11: Certificate after post-mortem examination (replaced form D)**

55. On very rare occasions, the information on the forms (usually Cremation 4 and Cremation 5 if completed) may remain unsatisfactory and a coroner may be unwilling either to open an inquest or order a post-mortem examination. You may then refuse to authorise the cremation, giving your reasons. However, the family may still wish to have the body cremated. The only available option would then be for you to arrange for a post-mortem examination performed by a pathologist of your own or the cremation authority's choice, under Regulation 24(2). Any post-mortem examination must be carried out under the authority of a licence issued under the Human Tissue Act 2004.
56. In all cases of this kind, you must obtain the consent of the family as set out in the Human Tissue Act 2004. Although this Act provides for the deceased to have given consent for a post-mortem examination whilst still alive, this is unlikely to be common. It will otherwise be necessary for the pathologist to be satisfied that an adult has a "qualifying relationship" with the deceased person, which is defined by sub-section 54(9) of the 2004 Act as meaning a spouse, civil partner, parent, child, brother, sister, grandparent, grandchild, child of a brother or sister, stepfather, stepmother, half-brother, half-sister and friend of long standing. Any decision about any fee for the post-mortem examination will need to be agreed between the appropriate adult and other family members and the cremation authority. Subject to the number of tests required the fee may be quite substantial.

## Other matters

### Causes of death – old age

57. The General Register Office advises that in certain circumstances, and if the deceased is over 80 years of age, "old age" may be an acceptable cause of death on medical certificates. "Old age" alone, however, is unlikely to be an acceptable cause for cremation purposes, as you must be satisfied that the cause of death has been definitely ascertained.
58. "Old age" is commonly given as a cause of death where the deceased has been suffering from a number of conditions leading to death, but where it has not been possible to decide which particular condition led to the death. This is ultimately a clinical decision by the certifying medical practitioner or medical practitioners. However, you should be satisfied that "old age" is an appropriate cause of death in all the circumstances. It cannot be used where the cause of death is properly "unascertained" and which should on that account be referred to a coroner.

### Deaths Abroad

59. Where someone dies abroad and the body is repatriated to England or Wales for cremation, special arrangements apply, as set out under regulation 14.
60. Where someone dies in Scotland, you may accept the equivalent of the cremation application forms and those forms issued under the regulations applicable in Scotland. At present, these forms are those made under the Cremation (Scotland) Regulations 1935, as amended.
61. Where someone dies outside England, Wales or Scotland (but not Northern Ireland, the Isle of Man or the Channel Islands – see paragraph 63 below), you may accept an application form containing the particulars requested in form Cremation 1, if this is accompanied by a declaration by the applicant that all particulars are true to the best of his or her knowledge and belief.

62. Where someone dies in Northern Ireland, the Isle of Man or the Channel Islands, you may accept certificates if they are substantially similar to forms Cremation 4, 5, 6 and 7 and given in accordance with the law relating to cremation in force in Northern Ireland (i.e. the Cremation (Belfast) Regulations (Northern Ireland) 1961); the Isle of Man (Cremation Regulations 2000), the Bailiwick of Jersey or the Bailiwick of Guernsey, as the case may be.
63. In practice, most applications for cremation in relation to deaths outside the United Kingdom will require a form Cremation 6 from a coroner, who will examine the relevant foreign documents including the death certificate. The coroner will need to be satisfied that the cause of death has been ascertained or it will be necessary to hold an inquest. You are not expected to investigate deaths of this kind.

### **Stillbirths outside England and Wales**

64. In the case of still born babies outside England and Wales, you may accept a medical certificate of stillbirth given by a registered medical practitioner or registered midwife (or a person entitled to practice as a medical practitioner or midwife) in the place where the stillbirth occurred, under regulation 14(4). You would do this after making such enquiries as you consider necessary, provided you are satisfied that the baby was stillborn and that there is no reason for further examination. In the case of still born babies in Scotland, if cremation is authorised on presentation of a certificate of registration under the hand to the Registrar of Births, Deaths and Marriages in the form of Schedule 8 appended to the Registration of Births, Still-births, Deaths and Marriages (Prescription of Forms) (Scotland) Regulations 1965, the General Register Office for Scotland should be notified (at New Register House, 3 West Register Street, Edinburgh EH1 3YT) to ensure that the stillbirth is registered in Scotland.

### **Unidentified Remains**

65. You should not consider applications for the cremation of unidentified remains unless a coroner's form Cremation 6 has been produced. The circumstances which make it impossible to identify the remains will also require the death to be reported to a coroner and adequate enquiry will then have taken place.

## **Cremation of non-viable foetal remains**

66. Foetal remains under 24 weeks gestation are not subject to the provisions of the Cremation Act 1902 or Cremation Regulations 2008, although most crematoria will be prepared to cremate such remains at their discretion. You should not complete a form Cremation 10 to authorise their cremation. If you are asked by crematoria managers and staff for professional advice on an application to cremate pre-viable foetuses, it is entirely a matter for you whether you provide such advice.

## Annex A – European Economic Area

### European Union Members: Universities where Primary European Qualifications can be obtained within each state

**Austria** – Graz, Innsbruck, Salzburg, Salzburg (Paracelsus), Vienna (Wien)

**Belgium** – Antwerp, Brussels, Diepenbeek (Limburg), Gent, Louvain (Leuven), Liege, Mons, Namur

**Bulgaria** – Pleven, Plovdiv, Sofia, Trakia (Thrace), Varna

**Cyprus** – Medical Council of Cyprus (equivalent to General Medical Council)

**Czech Republic** – Brno (Masaryk Univ.), Hradec Kralove, Pilsen, Prague (Charles University), Olomouc

**Denmark** – Aarhus, Copenhagen, Syddansk (Odense),

**Estonia** – Tartu

**Finland** – Helsinki, Kuopio, Oulu, Tampere, Turku

**France** – Aix-Marseille, Amiens (Jules Verne), Angers, Besançon (Franche-Comté), Bordeaux (Victor Segalen), Brest (Bretagne), Caen, Clermont-Ferrand (Auvergne), Dijon, Grenoble, Univ Scientifique et Medicale Grenoble, Lille, Henri Warembourg de Lille, Limoges, Lyon-Sud, Lyon (Univ Claude-Bernard), Lyon (Alexis-Carrel), Montpellier-Nimes, Nancy, Nantes, Nice, Paris (Denis Diderot), Paris (Pierre et Marie Curie), Paris (René Descartes), Paris-Sud, Paris Val de Marne (Creteil), Poitiers, Reims, Rennes, Rouen, St Etienne, Strasbourg, Toulouse, Tours,

**Germany** – Aachen, Berlin (Freiuniversität), Berlin (Humboldt), Bochum, Bonn, Dresden, Düsseldorf, Erlangen-Nürnberg, Essen, Frankfurt-am-Main, Freiburg im Breisgau, Giessen, Göttingen, Greifswald, Halle/Wittenberg, Hamburg, Hannover, Heidelberg, Homburg, Jena, Kiel, Köln (Cologne), Leipzig, Lübeck, Magdeburg, Mainz, Mannheim, Marburg, München (Ludwig-Maximilians), München (Technische), Münster, Regensburg, Rostock, Ulm, Witten-Herdecke, Tübingen, Würzburg.

**Greece** – Alexandroupolis (Thrace), Athens (National), Crete, Ioannina, Patras, Larissa (Thessaly) Thessaloniki,

**Hungary** – Semmelweis/Budapest, Debrecen, Pécs, Szeged

**Iceland** – Reykjavik

**Ireland** – Cork, Dublin (RCS), University College Dublin, Galway,

**Italy** – Ancona, Bari, Bologna, Brescia, Cagliari, Catania, Catanzaro (Reggio-Calabria), Chieti (D'Annunzio), Ferrara, Firenze, Genova, Messina, Milano, Modena, Napoli, Napoli (Federico II), Padova, Palermo, Parma, Pavia, Perugia, Pisa, Roma, Rome (Campus Bio-Medico), Sassari, Siena, Torino, Trieste, Udine, Varese, Verona

**Latvia** – Riga (Stradins), Univ of Latvia (Riga)

**Liechtenstein** – Nil

**Lithuania** – Kaunas, Vilnius

**Luxembourg** – Nil

**Malta** – Univ of Malta (Msida)

**Netherlands** Amsterdam, Amsterdam (Vrije) Groningen, Leiden, Maastricht, Nijmegen, Rotterdam (Erasmus), Utrecht,

**Norway** – Bergen, Oslo, Tromsø, Trondheim

**Poland** –Bialystok, Bydgoszcz, Gdansk, Krakow (Jagiellonian), Lodz (Military), Lublin, Poznan, Szczecin,,Warsaw (Academy and Postgraduate), Wroclaw

**Portugal** – Beira, Coimbra, Lisbon, Porto (Abel Salazar) Porto

**Romania** – Arad, Brasov, Bucharest, Cluj-Napoca, Constanta, Craiova, Iasi, Muras, Oradea, Sibiu, Targu Timisoara,

**Slovakia** –Bratislava, Kosice,

**Slovenia** – Ljubljana

**Spain** – Albacete (Castillo la Mancha),Alcalá, Alicante, Badajoz (Extremadura), Barcelona, Barcelona (Autonoma), Barcelona (Pompeu Fabra), Cádiz, Córdoba, Granada, La Laguna Las Palmas de Gran Canaria, Lleida,--Madrid (San Pablo), Madrid (Autonoma), Madrid (Complutense), Málaga Murcia, Pamplona (Navarra), Oviedo, Reus (Tarragona/Rovira Virgili) Salamanca, San Sebastian (Pais Vasco), Santa Cruz de Tenerife, Santander (Cantabria), Sevilla, Tenerife, Valencia, Valladolid, Zaragoza,

**Sweden** – Göteborg, Linköping, Lund, Stockholm (Karolinska), Umeå, Uppsala

**Switzerland\*** –Basel, Bern, Genève, Lausanne, Zürich

**United Kingdom** – 5 years' registration required wherever qualified

\*Swiss nationals benefit from EC freedom of movement legislation under the terms of bilateral agreement, signed on 1 June 2002

## **Annex B – Battery powered and other implants that could cause problems during cremation**

- Pacemakers
- Implantable Cardioverter Defibrillators (ICDs)
- Cardiac resynchronization therapy devices (CRTDs)
- Implantable loop recorders
- Ventricular assist devices (VADs): Left ventricular assist devices (LVADs), Right ventricular assist devices (RVADs), or Biventricular assist devices BiVADs)
- Implantable drug pumps including intrathecal pumps
- Neurostimulators (including for pain & Functional Electrical Stimulation)
- Bone growth stimulators
- Hydrocephalus programmable shunts
- Any other battery powered implant
- Fixion nails
- Dental mercury amalgam
- Brachytherapy to the prostate, i.e. radioactive iodine-125 seeds (advice from the Department of Radiology and Urology at the Royal London Free and Whittington Hospitals states that iodine 125 seeds produce radiation for about one year, therefore if death occurs within 12 months following implantation the seeds should be removed)