

Cremation Regulations 1954

Compare between:

[05 Dec 2014, 04-a0-02] and [22 Apr 2015, 04-b0-01]



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Cremation Act 1929

Cremation Regulations 1954

1. Citation

These regulations may be cited as the *Cremation Regulations* 1954 ¹.

2. Commencement

These regulations shall come into operation on 6 September 1954.

3. Term used: nearest surviving relative

In these regulations —

nearest surviving relative in relation to a deceased person, means the first person who is available from the following persons in the order of priority listed —

- (a) a person who, immediately before the death, was living as
 - (i) the spouse of the person; or
 - (ii) a de facto partner of the person, and who is of or over the age of 18 years;
- (b) a person who, immediately before the death, was the spouse of the person;

- (c) a son or daughter, who is of or over the age of 18 years, of the person;
- (d) a parent of the person;
- (e) a brother or sister, who is of or over the age of 18 years, of the person.

[Regulation 3 inserted in Gazette 24 Sep 2002 p. 4767.]

Part I — Application for licence to use and conduct a crematorium

4. Application for licence

- (1) Every application under section 4(1) of the Act for a licence to use and conduct a crematorium shall be made in writing and shall be made in accordance with Form 1 of Appendix "A". It shall be signed by the chairman of the body making the application, and shall be accompanied by statutory declaration or other evidence as required by section 4(2) of the Act, and the fee prescribed in Appendix "B".
- (2) The application shall be submitted to the Executive Director who shall ensure that it is in order before forwarding it to the Governor.
- (3) If the licence is not granted the fee shall be returned to the applicant.

[Regulation 4 amended in Gazette 29 Jun 1984 p. 1781.]

5. Form of licence

Every licence granted shall be in accordance with Form 2 or Form 3 of Appendix "A" as the case may require.

6. Compliance certificate

- (1) Where in respect of a licence to use and conduct a crematorium a certificate by the Executive Director pursuant to section 4(3) of the Act is necessary before the licence is valid and effective, application for a certificate shall be made in writing by the licensee named in the licence, in accordance with Form 4 of Appendix "A", and shall be accompanied by the inspection and certificate fee prescribed in Appendix "B".
- (2) Upon receipt of an application under this regulation together with the prescribed fees, the Executive Director shall cause an inspection to be made of the premises and apparatus referred to

r. 7

- in the licence in order to satisfy himself that the certificate applied for may be properly given.
- (3) If after such inspection the Executive Director is not satisfied that a certificate can properly be given he shall refuse to give the certificate, and shall refund the fee to the licensee.

[Regulation 6 amended in Gazette 29 Jun 1984 p. 1781.]

7. Form of certificate

Where the Executive Director gives a certificate pursuant to an application made in accordance with regulation 6, the certificate shall be in accordance with Form 5 in Appendix "A".

[Regulation 7 amended in Gazette 29 Jun 1984 p. 1781.]

Part II — Maintenance and inspection of crematoria

8. Crematoria to be maintained

Every crematorium and the fittings, works and apparatus used in connection therewith shall at all times be —

- (a) maintained in good condition, repair and working order;
- (b) kept in a clean, sanitary and orderly condition;
- (c) provided with a number of attendants sufficient for the compliance with the requirements of paragraphs (a) and (b) to the satisfaction of the Executive Director.

[Regulation 8 amended in Gazette 29 Jun 1984 p. 1781.]

9. Inspection

- (1) The licensee of every crematorium shall at any time and from time to time permit the crematorium and the register to be inspected by the Executive Director or any persons authorised in writing by him, or any Inspector of Police.
- (2) Any person authorised by the Executive Director and any Inspector of Police who makes an inspection of a crematorium shall forthwith report to the Executive Director any breach of these regulations which is observed by him.

[Regulation 9 amended in Gazette 29 Jun 1984 p. 1781.]

10. Notice requiring work to be carried out

On receipt of a report that these regulations are not being complied with at any crematorium, the Executive Director may give written notice thereof to the licensee of the crematorium. The notice may specify the works to be carried out and fix a time within which the works shall be completed. The licensee shall comply with any such notice.

[Regulation 10 amended in Gazette 29 Jun 1984 p. 1781.]

Part III — Application for permit to cremate

11. Form of permit application

Every application for a permit to cremate shall be made in accordance with Form No. 6 of Appendix "A".

12. Other requirements for permit

Every application to cremate made in accordance with regulation 11 shall be accompanied by the fee prescribed in Appendix "B" and a certificate in accordance with —

- (a) Appendix "A" Form 7, completed by a medical practitioner; or
- (b) Appendix "A" Form 8, completed by the Coroner; or
- (c) the *Coroners Regulations 1997* Schedule 1 Form 4, completed by the Coroner.

[Regulation 12 inserted in Gazette 29 Jun 2012 p. 2944-5.]

Part IV

Part IV — The medical referee

13. Referee to be medical practitioner

No medical practitioner shall be appointed as a medical referee unless he has engaged in the practice of medicine for not less than 5 years.

14. Conditions for medical referee

In performing his duties, the medical referee shall comply with the following conditions: —

- Before permitting any cremation he shall ensure that all (1) documents are completed in accordance with the provisions of the Act and that there is nothing in the Act to debar him from issuing a permit, and in particular is satisfied that all of the requirements of sections 8, 8A and 8B of the Act have been complied with.
- A medical referee shall provide reasonable facilities, for (2) persons wishing to make application to cremate, between the hours of 9 a.m. and 5 p.m. Mondays to Fridays, inclusive, and between the hours of 9 a.m. and noon on Saturdays, unless prevented by urgent circumstances. He shall, when available, deal with any urgent application at other times, in which case he shall be entitled to receive the higher prescribed fee.
- (3) Forthwith after issuing a permit to cremate, the medical referee shall forward a copy of the permit marked with the permit number and date to the Executive Director.
- If the medical referee refuses to give a permit to cremate (4) he shall give notice of his decision to the applicant and shall advise him of his right to apply to the State Administrative Tribunal for a review of the decision. He need not advise the applicant of his reasons for refusing to give the permit, but shall forthwith notify the Executive Director of his decision, and the reasons therefor.

- (5) Every permit to cremate shall be in accordance with Form 9 of Appendix "A".
- (6) In the case of the body of a person who has died in Australia but in any place outside the State of Western Australia, the medical referee may accept, in lieu of the forms prescribed, documents which substantially contain the information required to be supplied, and signed by persons having the status of medical practitioner or coroner, as the case may be, in the place where the person died.
- (7) The medical referee shall carefully preserve all documents received by him in the discharge of his duties, and shall deliver to the Executive Director once per year any documents over 2 years old.
- (8) If any medical referee is to be absent from his usual address for more than 24 hours at one time, he shall notify the Executive Director of the fact.

[Regulation 14 amended in Gazette 29 Jun 1984 p. 1781; 30 Dec 2004 p. 6933.]

Part V — Cremation elsewhere than in a crematorium

15. Cremation elsewhere for religious reasons

If application is made in accordance with Part III for the cremation of a deceased person of Asiatic race who belonged to a religious denomination, the tenets of which require the burning of the body elsewhere than in a crematorium, the medical referee may give his consent if the place at which the cremation is to take place, and the arrangements for the cremation are approved by the Executive Director or by a person appointed to be a medical officer of health under the *Health Act 1911*. Approval may be subject to such conditions as the Executive Director or the medical officer of health deem necessary.

[Regulation 15 amended in Gazette 29 Jun 1984 p. 1781.]

16. Cremation in cemetery

When such a cremation is carried out in a cemetery the person responsible for the arrangements shall comply with any directions, which may be given by the cemetery authority.

17. Permission required for cremation elsewhere

No cremation shall be permitted elsewhere than at a crematorium except where permission is granted under this Part or, unless the Executive Director issues a direction pursuant to the powers vested in him under the *Health Act 1911*.

[Regulation 17 amended in Gazette 29 Jun 1984 p. 1781.]

Part VI — Miscellaneous

18. Register of cremation to be kept

Every licensee of a crematorium shall keep a register of cremations in accordance with Form 11 of Appendix "A", and shall enter therein all particulars for which the form provides. The entries shall be made in relation to every cremation carried out in the crematorium, and shall be made immediately after the cremation, except in the case of those entries referring to the disposal of ashes.

19. Inspection of register

The register of cremations shall be open to inspection by any person during ordinary business hours of the licensee, on payment of 10 cents.

[Regulation 19 amended by Act No. 113 of 1965 s. 8(1).]

20. Notice of cremation to be given

The licensee of a crematorium shall, within 24 hours after a cremation is carried out, give notice thereof to the Executive Director and the Registrar General, in accordance with Form 12 of Appendix "A".

[Regulation 20 amended in Gazette 29 Jun 1984 p. 1781.]

20A. Post mortem certificate

A certificate of a medical practitioner who has conducted a post mortem examination may be in accordance with Form 13 of Appendix "A".

[Regulation 20A inserted in Gazette 17 Dec 1954 p. 2252.]

Appendix "A"

Form 1

Western Australia

Cremation Act 1929

APPLICATION FOR A LICENCE TO USE AND CONDUCT A CREMATORIUM

Regulation 4

| To His Excellency the Governor of Western Australia: |
|---|
| 1. The trustees and the controlling authority of the |
| 2. The buildings to be used as the crematorium have been erected upon (or will be erected upon) that portion of the area of the said cemetery which has been defined and set apart by the trustees of the cemetery as a site for the crematorium, namely: — |
| and shown on the attached plan. |
| 3. This application is accompanied by the statutory declaration of, of, |
| in the State of Western Australia, |
| 4. The applicant undertakes that within one year from the date on which the licence is granted they (or it) will obtain the certificate of the Executive Director, Public Health and Scientific Support Services required by section 4(3) of the Act. |
| Dated the |
| For and on behalf of the applicant, |
| Chairman. |
| [Form 1 amended in Gazette 29 Jun 1984 p. 1781.] |
| |
| |

Western Australia

Cremation Act 1929

Regulation 5

LICENCE TO USE AND CONDUCT A SPECIFIED CREMATORIUM

| Whereas by an application bearing the date, day of, 20, |
|--|
| |
| accordance with the plans and specifications which have been approved by him as aforesaid and that the regulations have been complied with. Dated at Perth in the State of Western Australia this |
| day of, 20 |

| Form 2 |
|--|
| |
| |
| By His Excellency's Command, |
| |
| Minister. |
| [Form 2 amended in Gazette 29 Jun 1984 p. 1781.] |

Western Australia

Cremation Act 1929

LICENCE TO USE AND CONDUCT A SPECIFIED CREMATORIUM

Regulation 5

| Form 3 |
|--|
| Dated at Perth in the State of Western Australia, this |
| By His Excellency's Command. |
| Minister for Health. |

[Form 3 amended in Gazette 29 Jun 1984 p. 1781.]

Western Australia

Cremation Act 1929

APPLICATION FOR CERTIFICATE OF EXECUTIVE DIRECTOR, PUBLIC HEALTH AND SCIENTIFIC SUPPORT SERVICES TO GIVE EFFECT TO A LICENCE GRANTED TO USE AND CONDUCT A CREMATORIUM

Regulation 6

| To the Executive Director, Public Health and Scientific Support Services. |
|---|
| The trustees and controlling authority of the |
| The sum of being the prescribed fee accompanies this application. |
| Dated this, 20, |
| For and on behalf of the applicant. |
| Chairman. |
| [Form 4 amended in Gazette 29 Jun 1984 p. 1781.] |

Western Australia

Cremation Act 1929

CERTIFICATE OF THE EXECUTIVE DIRECTOR, PUBLIC HEALTH AND SCIENTIFIC SUPPORT SERVICES GIVING EFFECT TO A LICENCE TO USE AND CONDUCT A CREMATORIUM

Regulation 7

| Whereas a licence to use and conduct a cremate | orium upon a site defined and set |
|--|-----------------------------------|
| aside for the purpose within the | cemetery was on the |
| granted under the provis | |
| to | |
| and whereas it is provided that the licence shall not ha | ve any validity or effect unless |
| and until the Executive Director, Public Health and Sc | eientific Support Services shall |
| certify within one year from the granting of the licence | e that the necessary buildings, |
| fittings, works and apparatus have been erected and in | stalled in accordance with the |
| approved plans and specifications, and that the relative | |
| with: Now, therefore, I | |
| Director, Public Health and Scientific Support Service | |
| buildings, fittings, works and apparatus have been dul | y erected and installed, in |
| accordance with the approved plans and specifications | |
| licence, and that the relative regulations have been con | |
| , | 1 |
| Dated the day of | , 20 |
| | |
| | |
| | Executive Director, |
| | Public Health and |
| S | Scientific Support Services. |
| | |

[Form 5 amended in Gazette 29 Jun 1984 p. 1781.]

| Application fo | or Permit to Cremate | Cremation Act 1929 Form 6 | |
|---------------------------|--|---------------------------|--|
| Applicant | Name | | |
| | Address | | |
| | | | |
| Deceased | Name | | |
| | Address | | |
| | | | |
| | Date of birth / / Male/F | | |
| | Marital status | | |
| | Occupation | | |
| (*"Nearest | *"Nearest Nearest surviving relative* (if known) | | |
| surviving | Name | | |
| relative" is explained at | Relationship | | |
| the end of this | | | |
| form.) | Usual doctor | | |
| | Name | | |
| | Address | | |
| | Doctor(s) who attended deceased during hi | s or har last illness | |
| | Name | | |
| | Address | | |
| | | | |
| Instructions | Did the deceased leave any written direction | ons about how his or her | |
| from | remains were to be dealt with? | | |
| deceased | □ No | | |
| | ☐ Yes. Give details | | |
| | | | |
| | | | |

| Objections | Do you know of anyone who objects to the deceased's remains being cremated? □ No □ Yes. Give detail of that person: Name |
|---|--|
| Coroner | Has the Coroner conducted an investigation or inquest into the deceased's death? ☐ Yes ☐ No ☐ Unsure |
| Applicant's relationship to deceased (*"Nearest surviving relative" is explained at the end of this form.) | □ Administrator of the deceased □ Nearest surviving relative* of the deceased □ Other |
| Details of | Date / /20 Time a.m./p.m. |
| death | Place where deceased died |
| | □ Home |
| | Address |
| | ☐ Hospital |
| | Address |
| | Other |
| | Address |
| | Do you know, or have reason to suspect, that the deceased's death was directly or indirectly due to any of the following? (tick if yes) □ violence □ poison □ privation or neglect □ medical procedure □ drowning □ suffocation □ burns |

| | Do you have any reason to suppose that an examination of the deceased's remains may be desirable? □ No □ Yes. Give details | |
|---|--|--|
| Other applications | Have you, or anyone else that you know of, previously applied for a permit to cremate the deceased's remains? □ No □ Yes. Give details of previous application Made by | |
| Signature of applicant | Signature | |
| | Date / /20 | |
| Statutory declaration | I, [name, address and occupation of person making the declaration] | |
| (This section | sincerely declare as follows — | |
| not to be completed by administrator) | That I make this application instead of an administrator because [give reasons] | |
| | This declaration is true and I know that it is an offence to make a declaration knowing that it is false in a material particular. | |
| | This declaration is made under the Oaths, Affidavits and Statutory Declarations Act 2005 at [place] on [date] by | |
| | [Signature of person making the declaration] | |
| | in the presence of | |
| | [Signature of witness authorised under the Oaths, Affidavits and Statutory Declarations Act 2005] | |
| | [Name of authorised witness and aualification as such a witness] | |

| Medical | Permit No. |
|-----------------|-----------------|
| referee | Date / /20 |
| (For office use | Medical Referee |
| only) | Signature |
| | Name |

The **nearest surviving relative** of a deceased person, is the first person who is available from the following persons in the order of priority listed —

- (a) a person who, immediately before the death, was living as
 - (i) the spouse of the deceased; or
 - (ii) a de facto partner of the deceased and who is at least 18 years of age;
- (b) a person who, immediately before the death, was the spouse of the deceased;
- (c) a son or daughter of the deceased who is at least 18 years of age;
- (d) a parent of the deceased;
- (e) a brother or sister of the deceased who is at least 18 years of age.

[Form 6 inserted in Gazette 4 Apr 2008 p. 1300-2; amended in Gazette 8 Feb 2013 p. 866.]

| Cartificate of M | Cremation Act 1929 | | | | |
|---|--|----------------------|--|--|--|
| Certificate of M | Form 7 | | | | |
| Certificate to be completed by doctor who attended deceased prior to death. | | | | | |
| Add additional pages | if more space is required. | | | | |
| Attach copies of all r | elevant laboratory reports, results, certificates et | с. | | | |
| Deceased | Name | | | | |
| | Address | | | | |
| | | | | | |
| | Date of birth / / | Age | | | |
| | Marital status Male | Female | | | |
| | Occupation | | | | |
| Doctor | Name | | | | |
| | Address | | | | |
| | | | | | |
| | Are you a spouse, de facto partner or relat | ive of the deceased? | | | |
| | No | | | | |
| | Yes. Nature of relationship | | | | |
| | As far as you are aware, do you have a pedeceased's estate or any other pecuniary is deceased's death? | | | | |
| | No | | | | |
| | Yes. Give details | | | | |
| | | | | | |
| | Were you the deceased's usual doctor? | | | | |
| | No Yes | | | | |

| Recent care of deceased | During the 4 weeks prior to death did the deceased receive medical or nursing care? | | | |
|-------------------------|---|--|--|--|
| | No | | | |
| | Yes. Where was the deceased cared for? | | | |
| | Hospital | | | |
| | Nursing home | | | |
| | Home | | | |
| | Other | | | |
| | If cared for at home or other place, who provided care? | | | |
| | Professional health care providers | | | |
| | Relatives, friends, others | | | |
| | Give names and relationship to the deceased | | | |
| | | | | |
| | | | | |
| | | | | |
| | Did you attend the deceased during his or her last illness? | | | |
| | No Yes Since what date? / /20 | | | |
| | Did any other doctor(s) attend the deceased during his or her last illness? | | | |
| | No | | | |
| | Yes. Give names | | | |
| | | | | |
| Last illness | Brief clinical history of last illness including diagnoses and events leading to death. | | | |
| | | | | |
| | | | | |
| | | | | |

| Details of death | Date | / | /20 | Time | a.m./p.m. | | |
|------------------|--|---------|--------------|--------------------|------------|--|--|
| | Place whe | ere the | deceased | died — | | | |
| | Home | | | | | | |
| | Addres | SS | | | | | |
| | Hospit | al | | | | | |
| | Addres | ss | | | | | |
| | Other _ | | | | | | |
| | Addres | ss | | | | | |
| | | | | | | | |
| | Were you | prese | nt when th | e deceased died? | | | |
| | Yes | | | | | | |
| | No. | Whe | en did you | last see the decea | sed alive? | | |
| | Date / /20 Time a.m./p.m. | | | | | | |
| | | | | | | | |
| | Did you e | xamin | e the dece | ased's body after | death? | | |
| | No | | | | | | |
| | Yes. | Give | details | | | | |
| | | | | | | | |
| | Do you have any reason to suppose that a further examination of the deceased's remains may be desirable? | | | | | | |
| | No | | | | | | |
| | Yes. | Give | details | | | | |
| | | | | | | | |
| Cause of death | _ | st mort | em perfor | med? | | | |
| | No | | | | | | |
| | Yes. | Give | e details of | results | | | |
| | | | | | | | |
| | | | | | | | |

| (* If a Medical Certificate of Cause of Death is attached, answers are not required to these questions.) | *Did you sign the Medical Certificate of Cause of Death? Yes No. Name of the doctor who signed the certificate | | | | | | |
|--|---|--|--|--|--|--|--|
| | *Direct cause of death | | | | | | |
| | *Antecedent causes of death (if any) | | | | | | |
| | *Conditions contributing to or accelerating death (if any) | | | | | | |
| | | | | | | | |
| Clinical | Do you know, or have reason to suspect, that the deceased's | | | | | | |
| observations | death was directly or indirectly due to any of the following? (tick or circle if yes) | | | | | | |
| | death was directly or indirectly due to any of the following? (tick | | | | | | |
| | death was directly or indirectly due to any of the following? (tick or circle if yes) | | | | | | |
| | death was directly or indirectly due to any of the following? (tick or circle if yes) violence | | | | | | |
| | death was directly or indirectly due to any of the following? (tick or circle if yes) violence poison | | | | | | |
| | death was directly or indirectly due to any of the following? (tick or circle if yes) violence poison privation or neglect | | | | | | |
| | death was directly or indirectly due to any of the following? (tick or circle if yes) violence poison privation or neglect medical procedure | | | | | | |
| | death was directly or indirectly due to any of the following? (tick or circle if yes) violence poison privation or neglect medical procedure drowning | | | | | | |
| | death was directly or indirectly due to any of the following? (tick or circle if yes) violence poison privation or neglect medical procedure drowning suffocation | | | | | | |
| | death was directly or indirectly due to any of the following? (tick or circle if yes) violence poison privation or neglect medical procedure drowning suffocation burns In view of the deceased's lifestyle and health, do you have any doubts about the character of the deceased's illness or cause | | | | | | |
| | death was directly or indirectly due to any of the following? (tick or circle if yes) violence poison privation or neglect medical procedure drowning suffocation burns In view of the deceased's lifestyle and health, do you have any doubts about the character of the deceased's illness or cause of death? | | | | | | |

Safety of cremation

At the time of death was the deceased fitted with a cardiac pacemaker, defibrillator or other battery operated implant or device?

No/Not known

Yes. Has it been removed? Yes No

Had the deceased received any of the following radioactive treatments?

Palliation for bone metastases

• Strontium-89 injection during the 12 months prior to death

No Yes*

• Radium-232-223 injection during the 2 months prior to death

No Yes*

• Samarium-153 injection during the 3 weeks prior to death

No Yes*

• Rhenium-188 injection during the week prior to death

No Yes*

Infusion for liver cancer or metastases

• Yttrium-90 or Rhenium-188 during the 2 weeks prior to death

No Yes*

Therapy for thyroid cancer, endocrine tumours, or non-Hodgkin's lymphoma

• Iodine-131 (injection or oral) during the week prior to death

No Yes*

Radioactive implant (permanent) e.g. for prostate cancer

• Iodine-125 seed implant during the 12 months prior to death

No Yes*

* If yes — contact the Radiation Safety Officer/Physicist at the treating institution for provision of required information to the crematorium.

| | Are you aware of anything else that could render cremation unsafe? |
|--------------------------|--|
| | |
| | Yes Give details |
| Certification of medical | I certify that the information set out above is true and correct and that I have not omitted any relevant information. |
| practitioner | Signature |
| | Date / /20 |

[Form 7 inserted in Gazette 29 Jun 2012 p. 2945-9; amended in Gazette 25 Feb 2014 p. 497-8; 21 Apr 2015 p. 1424.]

Western Australia

Cremation Act 1929

CORONER'S CERTIFICATE

| I am informed that application is to be made for a permit to cremate in regard to the deceased person whose particulars are set out hereunder: — |) |
|--|-------|
| Name of deceased | |
| It has been reported that the cause of death was (primary) | |
| (secondary) | |
| I certify that in my opinion the cause of death was as stated. I consider that no circumstance exists which can render necessary any further examination of the body, and that there is no reason why the body should not be cremated. | |
| Dated at day of | |
| Coroner | • • • |

Western Australia

Cremation Act 1929

PERMIT TO CREMATE

| N | lo |
|---|---|
| | , a medical |
| 8 of the Cremation Act 1929, acting under the said Act and having recommendation, of, of, f | ng pursuant to the eived an application |
| | |
| | (address in full), |
| | (place of death) |
| (date of death), hereby sed crematorium in the State of We | y permit and authorise |
| valid until 24 hours have elapsed f n the permit refers. | from the time of death |
| day of | , 20 |
| | |
| Medica | al Referee. |
| | 8 of the Cremation Act 1929, actiunder the said Act and having rec, of, f |

Western Australia

Cremation Act 1929

NOTICE OF REFUSAL OF APPLICATION TO CREMATE

| То | , of |
|--------|--|
| | I hereby give you notice that the application made by you for a permit to cremate |
| the re | emains of (name of deceased), |
| | f |
| | |
| on | |
| | This refusal has been made known to the Executive Director, Public Health and tific Support Services, together with the reasons therefor. You may apply to the Administrative Tribunal for a review of the decision. |
| | Medical Referee. |
| | [Form 10 amended in Gazette 29 Jun 1984 p. 1781; 30 Dec 2004 p. 6933.] |

Western Australia

Cremation Act 1929

REGISTER OF CREMATIONS

| | | | Place of last abode | | | Name of Minister or | | | Disposal of hes | 1. If given |
|-----|-------------------------------|------------------|--|------------------|---------------|--|---------------------------|-------------------------------|---|--|
| No. | Name of Person Cremated | 1. Age 2. Sex | 2. Place where death occurred 3. Date when death occurred | Date Cremated | Permit No. | other person officiating at ceremony | Under- taker's Name | Columbarium Niche No. | Scattered Garden plot, interred, etc. | to relatives, to whom given 2. Date |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Western Australia

Cremation Act 1929

CERTIFICATE OF CREMATION

Regulation 20

| To the Executive Director, Public Health and Scientific Support | rt Services and the |
|---|----------------------------|
| Registrar General: | |
| I, (name), of | (address) |
| in the State of Western Australia, being the | (title of position) |
| (licensee), the licensee of | the |
| Crematorium, (place) do hereby certify tha | |
| (name of person cremated), late of | |
| (address of person cremated), who died on | |
| was, in pursuance of Permit No. | |
| (medical referee) to (na | |
| | ess of permit holder) duly |
| cremated in the said crematorium on the | (date) |
| under and in accordance with the provisions of the Cremation | Act 1929. |
| | |
| \$ | Signature. |
| Date | |

[Form 12 amended in Gazette 29 Jun 1984 p. 1781.]

CERTIFICATE OF MEDICAL PRACTITIONER WHO HAS CONDUCTED A POST MORTEM EXAMINATION

(Regulation 20A)

| I, practitioner, being informed that application the body of (name) | is about to be made for a permit to cremate, late of |
|--|--|
| (occupation) | |
| (date), at (place | e), |
| I made a post mortem examination of all the | |
| the opinion as a result of such examination t natural causes, as follows: — | hat the death of the deceased resulted from |
| | |
| | |
| | |
| | |
| | Signature |
| | Address |
| | Qualifications |
| | Qualifications |
| Date | |
| No person who knows that under the terms of settlement, or statute or otherwise howsoeve | * * * |

No person who knows that under the terms of any policy of life assurance, will, settlement, or statute or otherwise howsoever he is entitled or will become entitled by reason or in consequence of the death of another person to any real or personal property shall give or sign any certificate concerning the death of such other person for any of the purposes of this Act.

[Form 13 inserted in Gazette 17 Dec 1954 p. 2252.]

Appendix "B"

| | \$ |
|---|------------------------|
| For a licence to use and conduct a crematorium | 15.00 |
| For a certificate of the Executive Director to validate and give effect to a licence, including inspections | 5.00 |
| For a permit to cremate — | |
| (a) given between the hours of 9 a.m. and 5 p.m., Monday to Friday inclusive, or 9 a.m. and noon on | |
| a Saturday (public holidays excluded) | 62.00 <u>6</u> 3.80 |
| (b) given at any other time | 100.10 105.60 |

[Appendix "B" inserted in Gazette 16 Nov 1973 p. 4220; amended in Gazette 28 May 1976 p. 1579; 29 Jun 1984 p. 1781; 28 Dec 1984 p. 4206; 27 May 1994 p. 2209; 29 Mar 1996 p. 1580; 2 Apr 1996 p. 1580; 30 Jun 2000 p. 3406; 13 Apr 2010 p. 1373; 29 Jun 2012 p. 2949; 9 Apr 2013 p. 1521; 21 Apr 2015 p. 1424.]

Notes

This reprint is a compilation as at 5 December 2014 of the Cremation Regulations 1954 and includes the amendments made by the other written laws referred to in the following table. The table also contains information about any reprint.

Compilation table

| Citation | Gazettal | Commencement | | |
|--|--------------------------|---|--|--|
| Cremation Regulations 1954 | 20 Aug 1954 p. 1441-9 | 6 Sep 1954 (see r. 2) | | |
| Untitled regulations | 17 Dec 1954 p. 2252 | 17 Dec 1954 | | |
| Reprint of the <i>Cremation Regulations</i> (includes amendments listed above) | s 1954 in Gazette | 2 15 Sep 1959 p. 2339-50 | | |
| Decimal Currency Act 1965 assented to 21 Dec 1965 | | Act other than s. 4-9: 21 Dec 1965 (see s. 2(1)); s. 4-9: 14 Feb 1966 (see s. 2(2)) | | |
| Untitled regulations | 16 Nov 1973 p. 4220 | 16 Nov 1973 | | |
| Untitled regulations | 28 May 1976 p. 1579 | 28 May 1976 | | |
| Untitled regulations | 24 Feb 1978 p. 560-1 | 24 Feb 1978 | | |
| Health Legislation Amendment Regulations 1984 r. 4 | 29 Jun 1984 p. 1780-4 | 1 Jul 1984 (see r. 2) | | |
| Cremation Amendment Regulations 1984 ⁴ | 28 Dec 1984 p. 4206 | 28 Dec 1984 | | |
| Cremation Amendment Regulations 1994 | 27 May 1994 p. 2209 | 27 May 1994 | | |
| Cremation Amendment Regulations 1996 | 2 Apr 1996 p. 1579-80 | 2 Apr 1996 | | |
| Miscellaneous Amendments Regulations 1997 r. 2 | 6 Jan 1998 p. 33 | 6 Jan 1998 | | |
| Cremation Amendment Regulations 2000 | 30 Jun 2000 p. 3406 | 1 Jul 2000 (see r. 2) | | |
| Reprint of the <i>Cremation Regulations 1954</i> as at 1 Dec 2000 (includes amendments listed above) | | | | |
| Cremation Amendment Regulations 2002 | 24 Sep 2002 p. 4766-8 | 24 Sep 2002 ⁵ | | |

Compare 05 Dec 2014 [04-a0-02] / 22 Apr 2015 [04-b0-01]

| Citation | Gazettal | Commencement | | |
|---|---------------------------|--|--|--|
| Cremation Amendment Regulations 2004 | 30 Dec 2004 p. 6933 | 1 Jan 2005 (see r. 2 and <i>Gazette</i> 31 Dec 2004 p. 7130) | | |
| Cremation Amendment Regulations 2008 | 4 Apr 2008 p. 1299-304 | 1 Jul 2008 (see r. 2) | | |
| Reprint 3: The <i>Cremation Regulations 1954</i> as at 1 Aug 2008 (includes amendments listed above) | | | | |
| Cremation Amendment Regulations 2010 | 13 Apr 2010 p. 1373 | r. 1 and 2: 13 Apr 2010 (see r. 2(a)); Regulations other than r. 1 and 2: 25 May 2010 (see r. 2(b)) | | |
| Cremation Amendment Regulations 2012 | 29 Jun 2012 p. 2944-9 | r. 1 and 2: 29 Jun 2012 (see r. 2(a)); Regulations other than r. 1 and 2: 30 Jun 2012 (see r. 2(b)) | | |
| Cremation Amendment Regulations 2013 | 8 Feb 2013 p. 865-6 | r. 1 and 2: 8 Feb 2013 (see r. 2(a)); Regulations other than r. 1 and 2: 9 Feb 2013 (see r. 2(b)) r. 1 and 2: 9 Apr 2013 (see r. 2(a)); Regulations other than r. 1 and 2: 10 Apr 2013 (see r. 2(b)) r. 1 and 2: 25 Feb 2014 (see r. 2(a)); Regulations other than r. 1 and 2: 26 Feb 2014 (see r. 2(b)) | | |
| Cremation Amendment Regulations (No. 2) 2013 | 9 Apr 2013 p. 1521 | | | |
| Cremation Amendment Regulations 2014 | 25 Feb 2014 p. 497-8 | | | |
| Reprint 4: The <i>Cremation Regulations 1954</i> as at 5 Dec 2014 (includes amendments listed above) | | | | |
| <u>Cremation Amendment</u> <u>Regulations 2015</u> | 21 Apr 2015 p. 1424 | r. 1 and 2: 21 Apr 2015 (see r. 2(a)); Regulations other than r. 1 and 2: 22 Apr 2015 (see r. 2(b)) | | |

² Repealed by the *Cemeteries Act 1986*.

³ Repealed by the *Associations Incorporation Act 1987*.

The *Miscellaneous Regulations (Validation) Act 1985* applied to these regulations. It deems the regulations not to have ceased to have effect as a result of the failure to comply with section 42(1) of the *Interpretation Act 1984*, subject to their being laid before the Legislative Assembly. The *Interpretation Act 1984* s. 42(2) then applied as if the words "or if any regulations are not laid before both Houses of Parliament in accordance with subsection (1)" had been omitted.

| 5 | The commencement date referred to in r. 2 was before the date of gazettal. | | | | |
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| Con | npare 05 Dec 2014 [04-a0-02] / 22 Apr 2015 [04-b0-01] Published on www.legislation.wa.gov.au | page 37 | | | |