



Western Australia

Cremation Regulations 1954

Compare between:

[10 Jan 2017, 04-d0-01] and [24 Jan 2017, 04-e0-01]

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~~ [Chief Health Officer](#) 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;
[10 Jan 2017 p. 249.](#)]*

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~~ [Chief Health Officer](#) 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”.

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- (2) Upon receipt of an application under this regulation together with the prescribed fees, the ~~Executive Director~~[Chief Health Officer](#) shall cause an inspection to be made of the premises and apparatus referred to 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~~[Chief Health Officer](#) 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;
[10 Jan 2017 p. 249.](#)]*

7. Form of certificate

Where the ~~Executive Director~~[Chief Health Officer](#) 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;
[10 Jan 2017 p. 249-50.](#)]*

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~~[Chief Health Officer](#).

*[Regulation 8 amended in Gazette 29 Jun 1984 p. 1781;
[10 Jan 2017 p. 249-50.](#)]*

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~~[Chief Health Officer](#) or any persons authorised in writing by him, or any Inspector of Police.
- (2) Any person authorised by the ~~Executive Director~~[Chief Health Officer](#) and any Inspector of Police who makes an inspection of a crematorium shall forthwith report to the ~~Executive Director~~[Chief Health Officer](#) any breach of these regulations which is observed by him.

*[Regulation 9 amended in Gazette 29 Jun 1984 p. 1781;
[10 Jan 2017 p. 249-50.](#)]*

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~~[Chief Health Officer](#) 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.

Cremation Regulations 1954

Part II Maintenance and inspection of crematoria

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*[Regulation 10 amended in Gazette 29 Jun 1984 p. 1781;
[10 Jan 2017 p. 249-50.](#)]*

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 — 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: —

- (1) Before permitting any cremation he shall ensure that all 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.
- (2) A medical referee shall provide reasonable facilities, for 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~~ [Chief Health Officer](#).
- (4) If the medical referee refuses to give a permit to cremate 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~~[Chief Health Officer](#) 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~~[Chief Health Officer](#) 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~~[Chief Health Officer](#) of the fact.

[Regulation 14 amended in Gazette 29 Jun 1984 p. 1781; 30 Dec 2004 p. 6933; [10 Jan 2017 p. 249-50.](#)]

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~~ [Chief Health Officer](#) ~~Act 1911.~~ Approval may be subject to such conditions as the ~~Executive Director or the medical officer of health deem~~ [Chief Health Officer deems](#) necessary.

*[Regulation 15 amended in Gazette 29 Jun 1984 p. 1781;
[10 Jan 2017 p. 247.](#)]*

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~~ [Chief Health Officer](#) issues a direction pursuant to the powers vested in him under the *Health- ([Miscellaneous Provisions](#)) Act 1911.*

*[Regulation 17 amended in Gazette 29 Jun 1984 p. 1781;
[10 Jan 2017 p. 247 and 249-50.](#)]*

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~~ [Chief Health Officer](#) and the Registrar General, in accordance with Form 12 of Appendix “A”.

[Regulation 20 amended in Gazette 29 Jun 1984 p. 1781; [10 Jan 2017 p. 249-50.](#)]

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
Cemetery, being a public cemetery appointed under the *Cemeteries Act 1897*² (or the
..... being an association incorporated under the *Associations
Incorporation Act 1895*³, established and constituted in connection with the cremation
of dead human bodies, and holding a certificate under the hand of the ~~Executive
Director~~ Chief Health Officer that the association is an association to which the
provisions of section 4 of the Act may reasonably be extended), hereby apply for a
licence to use and conduct a crematorium under and in accordance with the provisions
of the Act, at and in the cemetery at the site next mentioned.

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, as required by
section 4(2) of the Act, and by the sum of the fee for the licence
hereby applied for.

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~~ Chief Health Officer required by section 4(3) of
the Act.

Dated the day of, 20.....

For and on behalf of the applicant,

.....
Chairman.

*[Form 1 amended in Gazette 29 Jun 1984 p. 1781; [10 Jan 2017](#)
[p. 247-8.](#)]*

Form 2

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.....,

being the trustees duly appointed under the provisions of the *Cemeteries Act 1897*², as the Trustees and controlling body of the Cemetery, a public cemetery duly proclaimed under the provisions of the *Cemeteries Act 1897*², applied to His Excellency the Governor in Council for a licence under the provisions of the *Cremation Act 1929*, to the trustees and controlling body of the said Cemetery, upon a site thereon, as defined in the said application, and whereas the applicants have satisfied His Excellency the Governor in accordance with the provisions of section 4 of the *Cremation Act 1929*, that the said trustees or controlling body of the said Cemetery have sufficient authority to use the proposed site in the said cemetery for the purpose of a crematorium, that the crematorium not yet being established the ~~Executive Director, Public Health and Scientific Support Services~~ [Chief Health Officer](#) has approved of the plans and specifications of the proposed building, fittings, works and apparatus to be built and used for the purposes of the said crematorium, and that in all other respects the requirements of section 4 of the *Cremation Act 1929*, have been duly complied with: Now, therefore, His Excellency the Governor, acting with the advice and consent of the Executive Council, and in exercise of the powers conferred by section 4 of the *Cremation Act 1929*, doth by these presents grant to the trustees and controlling body for the time being and from time to time of the Cemetery, but subject as hereinafter provided, a licence to use and conduct a crematorium within the said Cemetery, upon the site therein defined in the aforementioned application, to be established in accordance with the plans and specifications of the proposed building, fittings, works, and apparatus which have been approved by the ~~Executive Director, Public Health and Scientific Support Services~~ [Chief Health Officer](#) as aforesaid: Provided that the licence hereby granted shall be held and the said crematorium shall be used and conducted under and subject to the provisions of the *Cremation Act 1929*, and that the licence hereby granted shall not have any validity or effect unless and until the ~~Executive Director, Public Health and Scientific Support Services~~ [Chief Health Officer](#) shall certify within one year of the granting of this licence that the buildings, fittings, works, and apparatus have been erected and installed in 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.....

By His Excellency's Command,

.....
Minister.

*[Form 2 amended in Gazette 29 Jun 1984 p. 1781; [10 Jan 2017](#)
[p. 248.](#)]*

Form 3

Western Australia

Cremation Act 1929

LICENCE TO USE AND CONDUCT A SPECIFIED CREMATORIUM

Regulation 5

Whereas by an application bearing the date day of
....., 20.....,
.....
an association duly incorporated under the provisions of the *Associations Incorporation Act 1895*³, for the purpose of conducting a crematorium holding a certificate under the hand of the ~~Executive Director, Public Health and Scientific Support Services~~ [Chief Health Officer](#) that the association aforesaid is an association to which the provisions of section 4 may reasonably be extended, applied to His Excellency the Governor in Council for a licence under the provisions of the *Cremation Act 1929*, for the said association to use and conduct a crematorium within the boundaries of land, not being part of a public cemetery, being the whole (or portion) of lot/location comprised in Certificate of Title Volume, folio, held by the said association for the purpose aforesaid (or within the cemetery, a public cemetery duly proclaimed under the provisions of the *Cemeteries Act 1897*²) upon a site thereon as defined in the said application; and whereas the said applicants have satisfied His Excellency the Governor, in accordance with section 4 of the *Cremation Act 1929*, that the association has sufficient authority to use the proposed site as aforesaid for the purpose of a crematorium, that the crematorium has not yet been established, the ~~Executive Director, Public Health and Scientific Support Services~~ [Chief Health Officer](#) has approved of the plans and specifications of the proposed building, fittings, works and apparatus to be built and used for the purposes of crematorium, and that in all other respects the requirements of section 4 of the *Cremation Act 1929*, have been duly complied with: Now, therefore, His Excellency the Governor, in exercise of the powers conferred by section 4 of the *Cremation Act 1929*, doth by these presents grant to the said association, but subject as hereinafter provided, a licence to use and conduct a crematorium within the boundaries of the land (or cemetery) as aforesaid, upon the site therein as defined in the application, to be established in accordance with the plans and specifications of the proposed building fittings, works, and apparatus, which have been approved by the ~~Executive Director, Public Health and Scientific Support Services~~ [Chief Health Officer](#) as aforesaid: Provided that the licence hereby granted shall be held and the crematorium shall be used and conducted under and subject to the provisions of the *Cremation Act 1929*, and that the licence hereby granted shall not have any validity or effect unless and until the ~~Executive Director, Public Health and Scientific Support Services~~ [Chief Health Officer](#) shall certify, within one year of the date on which the licence is granted, that the necessary buildings, fittings, works and apparatus have been erected and

installed in accordance with the plans and specifications which have been approved by him, and that the regulations have been complied with.

Dated at Perth in the State of Western Australia, this
day of 20.....

By His Excellency's Command.

.....
Minister for Health.

*[Form 3 amended in Gazette 29 Jun 1984 p. 1781; [10 Jan 2017](#)
[p. 248.](#)]*

Form 4

Form 4

Western Australia

Cremation Act 1929

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

Regulation 6

To the ~~Executive Director, Public~~ Chief Health ~~and Scientific Support Services~~ Officer.

The trustees and controlling authority of the cemetery
(or the) being the licensees named in the licence to use and
conduct a crematorium on a site in the said cemetery, granted under the provisions of
the *Cremation Act 1929*, to the licensee on hereby apply for
your certificate as required by section 4(3) of the Act, that the necessary buildings,
fittings, works and apparatus for the said crematorium have been erected and installed in
accordance with the approved plans and specifications and that the relative regulations
have been complied with.

The sum of being the prescribed fee accompanies this
application.

Dated this day of, 20.....

For and on behalf of the applicant.

.....
Chairman.

*[Form 4 amended in Gazette 29 Jun 1984 p. 1781; [10 Jan 2017](#)
[p. 248.](#)]*

Form 5

Western Australia

Cremation Act 1929

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

Regulation 7

Whereas a licence to use and conduct a crematorium upon a site defined and set aside for the purpose within the cemetery was on the granted under the provisions of the *Cremation Act 1929*, to and whereas it is provided that the licence shall not have any validity or effect unless and until the ~~Executive Director, Public Health and Scientific Support Services~~ Chief Health Officer shall certify within one year from the granting of the licence that the necessary buildings, fittings, works and apparatus have been erected and installed in accordance with the approved plans and specifications, and that the relative regulations have been complied with: Now, therefore, I ~~Executive Director, Public Health and Scientific Support Services~~ Chief Health Officer do hereby certify that the buildings, fittings, works and apparatus have been duly erected and installed, in accordance with the approved plans and specifications, at the site mentioned in the licence, and that the relative regulations have been complied with.

Dated the day of, 20.....

.....
~~Executive Director,
Public Health and
Scientific Support Services.~~

.....
Chief Health Officer

[Form 5 amended in Gazette 29 Jun 1984 p. 1781; [10 Jan 2017 p. 248-9.](#)]

Cremation Regulations 1954
Appendix "A"

Form 6

Form 6

| Application for Permit to Cremate | | <i>Cremation Act 1929</i> Form 6 |
|---|---|-------------------------------------|
| Applicant | Name _____ | |
| | Address _____ | |
| Deceased <i>(*“Nearest surviving relative” is explained at the end of this form.)</i> | Name _____ | |
| | Address _____ | |
| | Date of birth / / Male/Female/Unspecified | |
| | Marital status _____ | |
| | Occupation _____ | |
| | Nearest surviving relative* (if known) | |
| | Name _____ | |
| | Relationship _____ | |
| | Usual doctor | |
| | Name _____ | |
| Address _____ | | |
| Doctor(s) who attended deceased during his or her last illness | | |
| Name _____ | | |
| Address _____ | | |
| Instructions from deceased | Did the deceased leave any written directions about how his or her remains were to be dealt with? | |
| | <input type="checkbox"/> No | |
| | <input type="checkbox"/> Yes. Give details _____ | |
| | _____ | |

| | |
|---|---|
| Objections | <p>Do you know of anyone who objects to the deceased's remains being cremated?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Give detail of that person:</p> <p style="padding-left: 40px;">Name _____</p> <p style="padding-left: 40px;">Relationship to deceased _____</p> <p style="padding-left: 40px;">Address _____</p> |
| Coroner | <p>Has the Coroner conducted an investigation or inquest into the deceased's death?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure</p> |
| Applicant's relationship to deceased <i>(*"Nearest surviving relative" is explained at the end of this form.)</i> | <p><input type="checkbox"/> Administrator of the deceased</p> <p><input type="checkbox"/> Nearest surviving relative* of the deceased</p> <p><input type="checkbox"/> Other _____</p> |
| Details of death | <p>Date / /20 Time a.m./p.m.</p> <p>Place where deceased died</p> <p><input type="checkbox"/> Home Address _____</p> <p><input type="checkbox"/> Hospital _____ Address _____</p> <p><input type="checkbox"/> Other _____ Address _____</p> <p>Do you know, or have reason to suspect, that the deceased's death was directly or indirectly due to any of the following? <i>(tick if yes)</i></p> <p><input type="checkbox"/> violence</p> <p><input type="checkbox"/> poison</p> <p><input type="checkbox"/> privation or neglect</p> <p><input type="checkbox"/> medical procedure</p> <p><input type="checkbox"/> drowning</p> <p><input type="checkbox"/> suffocation</p> <p><input type="checkbox"/> burns</p> |

Cremation Regulations 1954
Appendix "A"

Form 6

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

| | |
|--|--------------------------|
| Medical referee <i>(For office use only)</i> | Permit No. |
| | Date / /20 |
| | Medical Referee |
| | 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; 9 Feb 2016 p. 371.]

Cremation Regulations 1954
Appendix "A"

Form 7

Form 7

| | | |
|--|--|-------------------------------------|
| Certificate of Medical Practitioner | | <i>Cremation Act 1929</i> 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 relevant laboratory reports, results, certificates etc. | | |
| Deceased | Name _____ | |
| | Address _____ | |
| | Date of birth / / Age | |
| | Marital status Male/Female/Unspecified | |
| | Occupation | |
| Doctor | Name _____ | |
| | Address _____ | |
| | Are you a spouse, de facto partner or relative of the deceased? No Yes. Nature of relationship _____ | |
| | As far as you are aware, do you have a pecuniary interest in the deceased's estate or any other pecuniary interest in the deceased's death? No Yes. Give details _____ | |
| Were you the deceased's usual doctor? No Yes | | |

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

Cremation Regulations 1954
Appendix "A"

Form 7

| | |
|-------------------------|--|
| Details of death | Date / /20 Time a.m./p.m. |
| | Place where the deceased died — Home Address _____ Hospital _____ Address _____ Other _____ Address _____ |
| | Were you present when the deceased died? Yes No. When did you last see the deceased alive? Date / /20 Time a.m./p.m. |
| | Did you examine the deceased'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 | Was a post mortem performed? No Yes. Give details of results _____ _____ |

| | |
|---|---|
| <p>(* If a Medical Certificate of Cause of Death is attached, answers are not required to these questions.)</p> | <p>*Did you sign the Medical Certificate of Cause of Death?</p> <p style="margin-left: 20px;">Yes</p> <p style="margin-left: 20px;">No. Name of the doctor who signed the certificate</p> <p style="margin-left: 20px;">_____</p> |
| | <p>*Direct cause of death</p> <p>_____</p> |
| | <p>*Antecedent causes of death (if any)</p> <p>_____</p> |
| | <p>*Conditions contributing to or accelerating death (if any)</p> <p>_____</p> |
| <p>Clinical observations</p> | <p>Do you know, or have reason to suspect, that the deceased's death was directly or indirectly due to any of the following? (<i>tick or circle if yes</i>)</p> <p style="margin-left: 20px;">violence</p> <p style="margin-left: 20px;">poison</p> <p style="margin-left: 20px;">privation or neglect</p> <p style="margin-left: 20px;">medical procedure</p> <p style="margin-left: 20px;">drowning</p> <p style="margin-left: 20px;">suffocation</p> <p style="margin-left: 20px;">burns</p> |
| | <p>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?</p> <p style="margin-left: 20px;">No</p> <p style="margin-left: 20px;">Yes. Give details _____</p> |

Form 7

| | |
|----------------------------|---|
| Safety of cremation | <p>At the time of death was the deceased fitted with a cardiac pacemaker, defibrillator or other battery operated implant or device?</p> <p style="text-align: center;">No/Not known</p> <p style="text-align: center;">Yes. Has it been removed? Yes No</p> |
| | <p>Had the deceased received any of the following radioactive treatments?</p> <p><i>Palliation for bone metastases</i></p> <ul style="list-style-type: none"> ● Strontium-89 injection during the 12 months prior to death <div style="text-align: center;">No Yes*</div> ● Radium-223 injection during the 2 months prior to death <div style="text-align: center;">No Yes*</div> ● Samarium-153 injection during the 3 weeks prior to death <div style="text-align: center;">No Yes*</div> ● Rhenium-188 injection during the week prior to death <div style="text-align: center;">No Yes*</div> <p><i>Infusion for liver cancer or metastases</i></p> <ul style="list-style-type: none"> ● Yttrium-90 or Rhenium-188 during the 2 weeks prior to death <div style="text-align: center;">No Yes*</div> <p><i>Therapy for thyroid cancer, endocrine tumours, or non-Hodgkin's lymphoma</i></p> <ul style="list-style-type: none"> ● Iodine-131 (injection or oral) during the week prior to death <div style="text-align: center;">No Yes*</div> <p><i>Radioactive implant (permanent) e.g. for prostate cancer</i></p> <ul style="list-style-type: none"> ● Iodine-125 seed implant during the 12 months prior to death <div style="text-align: center;">No Yes*</div> <p style="text-align: center;">* If yes — contact the Radiation Safety Officer/Physicist at the treating institution for provision of required information to the crematorium.</p> |

| | |
|--|---|
| | Are you aware of anything else that could render cremation unsafe? No Yes Give details _____ |
| Certification of medical practitioner | I certify that the information set out above is true and correct and that I have not omitted any relevant information. |
| | 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; 9 Feb 2016 p. 371.]

Form 8

Form 8

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 Age Sex
Date of deathPlace of death

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 this day of 20.....

.....
Coroner.

Form 9

Western Australia

Cremation Act 1929

PERMIT TO CREMATE

No

I,, a medical referee appointed under section 8 of the *Cremation Act 1929*, acting pursuant to the powers and duties vested in me under the said Act and having received an application from, of, for a permit to cremate the remains of: —

Name of deceased, late of (address in full), who died at (place of death) on (date of death), hereby permit and authorise the cremation at any duly licensed crematorium in the State of Western Australia.

This permit shall not be valid until 24 hours have elapsed from the time of death of the deceased person to whom the permit refers.

Dated this day of, 20.....

.....
Medical Referee.

Form 10

Form 10

Western Australia

Cremation Act 1929

NOTICE OF REFUSAL OF APPLICATION TO CREMATE

To, of

I hereby give you notice that the application made by you for a permit to cremate the remains of (name of deceased), late of (address), who died at (place of death) on (date of death) is refused.

This refusal has been made known to the ~~Executive Director, Public Health and Scientific Support Services~~ [Chief Health Officer](#), together with the reasons therefor. You may apply to the State 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; [10 Jan 2017 p. 249.](#)]

Form 11

Western Australia

Cremation Act 1929

REGISTER OF CREMATIONS

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

Form 12

Western Australia

Cremation Act 1929

CERTIFICATE OF CREMATION

Regulation 20

To the ~~Executive Director, Public Health and Scientific Support Services~~ [Chief Health Officer](#) 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 that the body of
(name of person cremated), late of
(address of person cremated), who died on (date of death)
was, in pursuance of Permit No. issued by
(medical referee) to (name of permit holder), of
..... (address 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; [10 Jan 2017](#)
[p. 249.](#)]*

Form 13

**CERTIFICATE OF MEDICAL PRACTITIONER WHO HAS
CONDUCTED A POST MORTEM EXAMINATION**

(Regulation 20A)

I, legally qualified medical practitioner, being informed that application is about to be made for a permit to cremate the body of (name), late of (address), (occupation) hereby certify that on (date), at (place), I made a post mortem examination of all the vital organs of the deceased, and I am of the opinion as a result of such examination that the death of the deceased resulted from natural causes, as follows: —

.....
.....
.....
.....

Signature
Address
Qualifications

Date

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 Chief Health Officer 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) | 64.90 |
| (b) given at any other time | 105.80 |

[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; 9 Feb 2016 p. 371-2; [10 Jan 2017 p. 249-50.](#)]

Notes

- ¹ This is a compilation of the *Cremation Regulations 1954* and includes the amendments made by the other written laws referred to in the following table^{1a}. The table also contains information about any reprint.

Compilation table

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

Cremation Regulations 1954

| Citation | Gazettal | Commencement |
|--|---------------------------|--|
| <i>Cremation Amendment Regulations 2004</i> | 30 Dec 2004 p. 6933 | 1 Jan 2005 (see r. 2 and <i>Gazette</i> 31 Dec 2004 p. 7130) |
| <i>Cremation Amendment Regulations 2008</i> | 4 Apr 2008 p. 1299-304 | 1 Jul 2008 (see r. 2) |
| Reprint 3: The Cremation Regulations 1954 as at 1 Aug 2008 (includes amendments listed above) | | |
| <i>Cremation Amendment Regulations 2010</i> | 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)) |
| <i>Cremation Amendment Regulations 2012</i> | 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)) |
| <i>Cremation Amendment Regulations 2013</i> | 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)) |
| <i>Cremation Amendment Regulations (No. 2) 2013</i> | 9 Apr 2013 p. 1521 | 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)) |
| <i>Cremation Amendment Regulations 2014</i> | 25 Feb 2014 p. 497-8 | 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)) |
| Reprint 4: The Cremation Regulations 1954 as at 5 Dec 2014 (includes amendments listed above) | | |
| <i>Cremation Amendment Regulations 2015</i> | 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)) |
| <i>Cremation Amendment Regulations 2016</i> | 9 Feb 2016 p. 371-2 | r. 1 and 2: 9 Feb 2016 (see r. 2(a)); Regulations other than r. 1 and 2: 10 Feb 2016 (see r. 2(b)) |

^{1a} ~~On the date as at which this compilation was prepared, provisions referred to in the following table had not come into operation and were therefore not included in this compilation. For the text of the provisions see the endnotes referred to in the table.~~

Provisions that have not come into operation

| Citation | Gazettal | Commencement |
|---|---------------------------|--|
| <i>Health Regulations Amendment (Public Health) Regulations 2016</i> Pt. 3 ⁶ | 10 Jan 2017 p. 237-308 | 24 Jan 2017 (see r. 2(b) and <i>Gazette</i> 10 Jan 2017 p. 165) |

- ² Repealed by the *Cemeteries Act 1986*.
- ³ Repealed by the *Associations Incorporation Act 1987*.
- ⁴ 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.
- ⁶ ~~On the date as at which this compilation was prepared, the *Health Regulations Amendment (Public Health) Regulations 2016* Pt. 3 had not come into operation. It reads as follows:~~

Part 3 — Cremation Regulations 1954 amended

5. — Regulations amended

~~This Part amends the *Cremation Regulations 1954*.~~

6. — Regulation 15 amended

~~In regulation 15:~~

- ~~(a) delete “Executive Director or by a person appointed to be a medical officer of health under the *Health Act 1911*.” and insert:~~

~~Chief Health Officer.~~

- ~~(b) delete “Executive Director or the medical officer of health deem necessary.” and insert:~~

~~Chief Health Officer deems necessary.~~

7. ~~Regulation 17 amended~~

~~In regulation 17 delete “Health Act 1911.” and insert:~~

~~Health (Miscellaneous Provisions) Act 1911.~~

8. ~~Appendix “A” amended~~

~~(1) In Appendix “A” Form 1:~~

~~(a) delete “Executive Director” and insert:~~

~~Chief Health Officer~~

~~(b) delete “Executive Director, Public Health and Scientific Support Services” and insert:~~

~~Chief Health Officer~~

~~(2) In Appendix “A” Forms 2 and 3 delete “Executive Director, Public Health and Scientific Support Services” (each occurrence) and insert:~~

~~Chief Health Officer~~

~~(3) In Appendix “A” Form 4:~~

~~(a) delete “**EXECUTIVE DIRECTOR, PUBLIC HEALTH AND SCIENTIFIC SUPPORT SERVICES**” and insert:~~

~~**CHIEF HEALTH OFFICER**~~

~~(b) delete “Executive Director, Public Health and Scientific Support Services.” and insert:~~

~~Chief Health Officer.~~

~~(4) In Appendix “A” Form 5:~~

~~(a) delete “EXECUTIVE DIRECTOR, PUBLIC HEALTH AND SCIENTIFIC SUPPORT SERVICES” and insert:~~

~~————— CHIEF HEALTH OFFICER~~

~~(b) delete “Executive Director, Public Health and Scientific Support Services” (each occurrence) and insert:~~

~~————— Chief Health Officer~~

~~(c) delete:~~

.....

~~Executive Director,
Public Health and
Scientific Support Services.~~

~~————— and insert:~~

.....

~~Chief Health Officer~~

~~(5) In Appendix “A” Form 10 delete “Executive Director, Public Health and Scientific Support Services,” and insert:~~

~~————— Chief Health Officer,~~

~~(6) In Appendix “A” Form 12 delete “Executive Director, Public Health and Scientific Support Services” and insert:~~

~~————— Chief Health Officer~~

9. ~~————— Various references to “Executive Director” amended~~

~~————— In the provisions listed in the Table delete “Executive Director” (each occurrence) and insert:~~

~~Chief Health Officer~~

Table

| | |
|---------------------------------------|---------------------------------|
| r. 4(2) | r. 6(1), (2) and (3) |
| r. 7 | r. 8(e) |
| r. 9(1) and (2) | r. 10 |
| r. 14(3), (4), (7) and (8) | r. 17 |
| r. 20 | Appendix "B" |