



Western Australia

## **Cremation Regulations 1954**

Compare between:

[04 Apr 2008, 02-c0-03] and [01 Jul 2008, 02-d0-03]



Western Australia

Cremation Act 1929

## **Cremation Regulations 1954**

### **1. Citation**

These regulations may be cited as the *Cremation Regulations 1954*<sup>1</sup>.

### **2. Commencement**

These regulations shall come into operation on 6 September 1954.

### **3. Interpretation**

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;

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- (e) a brother or sister, who is of or over the age of 18 years, of the person.

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

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

**4. Application**

- (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 June 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

**Cremation Regulations 1954**

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

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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 June 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 June 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 June 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 June 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 June 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 —

- (a) a certificate in accordance with Form 7 of Appendix “A”; or
- (b) a certificate in accordance with Form 8 of Appendix “A”; and
- (c) the fee prescribed in Appendix “B”.



### **Part IV — The medical referee**

**13. Referee to be a 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.
- (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 of his decision, and the reasons therefor.

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**Part IV**            The medical referee

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- (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 June 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 June 1984 p.1781.]*

**16. Cremation in a 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 June 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.

**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 June 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 December 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*<sup>2</sup> (or the  
..... being an association incorporated under the *Associations  
Incorporation Act 1895*<sup>3</sup>, established and constituted in connection with the cremation  
of dead human bodies, and holding a certificate under the hand of the Executive  
Director 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 required by section 4(3) of the Act.

Dated the ..... day of ....., 20.....

For and on behalf of the applicant,

.....  
Chairman.

**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*<sup>2</sup>, as  
the Trustees and controlling body of the .....Cemetery, a  
public cemetery duly proclaimed under the provisions of the *Cemeteries Act 1897*<sup>2</sup>,  
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 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 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 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.

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**Appendix "A"**

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

By His Excellency's Command,

.....  
Minister.

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**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*<sup>3</sup>, for the purpose of conducting a crematorium holding a certificate under the hand of the Executive Director, Public Health and Scientific Support Services 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*<sup>2</sup>) 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 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 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 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



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**Appendix "A"**

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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.

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**Form 4**

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 ..... 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.

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**Form 5**

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 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 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 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.

**Form 6**

~~Western Australia~~  
~~Cremation Act 1929~~

**APPLICATION FOR A PERMIT TO CREMATE**

**Part 1**

To a Medical Referee:

I, ..... of .....  
(address) hereby apply for a permit to cremate the remains of .....  
late of .....

Particulars relating to the deceased are: —

Late occupation .....  
Age ..... Sex .....  
Marital status .....  
Nearest surviving relative\*, if known  
.....

The following questions must all be answered fully and truly. A stroke will not be accepted as an answer.

- (1) Are you an administrator or the nearest surviving relative\* of the deceased? If so, state which.
- (2) If neither an administrator nor the nearest surviving relative\*, state —
  - (a) your relationship to the deceased;
  - (b) the reason why the application is made by you and not the administrator, or nearest surviving relative\*.
- (3) Did the deceased leave any written directions as to the mode of disposal of his remains? If so, what?
- ~~[(4) deleted]~~
- (5) What was the date and hour of death of deceased?
- (6) At what address did he/she die?
- (7) Did he/she die at home or elsewhere? (State hospital, lodgings, hotel, etc.)
- (8) Do you know, or have you any reason to suspect that the death of the deceased was due directly or indirectly to —
  - (a) violence;
  - (b) poison;
  - (c) privation or neglect;

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**Appendix "A"**

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- ~~\_\_\_\_\_ (d) illegal operation;~~
  - ~~\_\_\_\_\_ (e) drowning;~~
  - ~~\_\_\_\_\_ (f) suffocation;~~
  - ~~\_\_\_\_\_ (g) burns?~~
  - ~~\_\_\_\_\_ (9) Do you know any reason whatever for supposing that an examination of the remains of the deceased may be desirable?~~
  - ~~\_\_\_\_\_ (10) Give name and address of the usual medical attendant of deceased.~~
  - ~~\_\_\_\_\_ (11) Give name and address of the medical practitioner/s who attended deceased during his last illness.~~
  - ~~\_\_\_\_\_ (12) Have the circumstances of deceased's death been subject to enquiry by a Coroner?~~
  - ~~\_\_\_\_\_ (13) Have you previously made application to another medical referee to cremate the remains of the deceased person referred to in this application? If so, to whom?~~

~~\*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.~~

**Part II**

~~I hereby solemnly and sincerely declare that the answers to the questions and the particulars given in Part I hereof are to the best of my knowledge and belief true in every particular, and that no material information has been omitted, and I make this solemn declaration by virtue of section 106 of the Evidence Act 1906.~~

.....  
(Signature of Applicant)

**Cremation Regulations 1954**  
**Appendix "A"**

Declared before me at ..... this ..... day  
of .....

.....  
(Signature of Witness)

For Medical Referee's Use:

Permit No. .... Issued: / /

.....  
(Medical Referee)

*[Form 6 amended in Gazette 30 Dec 2004 p. 6933.]*

**Form 7**

Western Australia  
Cremation Act 1929  
Regulation 12

**CERTIFICATE OF MEDICAL ATTENDANT**

Instructions.

- ~~— (1) All questions must be answered.~~
- ~~— (2) Use only block letters or typing, except for signature.~~
- ~~— (3) Abbreviations will not be accepted.~~
- ~~— (4) In Q. 11 a diagnosis will not be accepted as a medical history.~~
- ~~— (5) If insufficient space is provided please attach additional sheets as required and indicate the question number.~~
- ~~— (6) Copies of relevant documents such as laboratory reports should be attached to the form.~~
- ~~— (7) Senility and debility will not be accepted as causes of death.~~

I am informed that application is about to be made for the cremation of the remains of —

Name of Deceased .....

Address .....

Occupation ..... Age ..... Sex .....

Having attended the deceased before death, I give the following true answers to the questions set out below.

1. On what date and at what hour did he/she die? .....

2. Where did death occur? (own residence, hospital, hotel, lodging, etc.)  
.....

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**Appendix "A"**

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3. Are you a spouse, de facto partner or relative of the deceased? (If so, state the relationship.)
4. Have you, so far as you are aware, any pecuniary interest in the death of the deceased?
5. Were you the usual medical attendant of the deceased? (If so, for how long?)
6. Did you attend the deceased during his/her last illness? (If so, for how long?)
7. Were you the only medical attendant of the deceased during his/her last illness?
8. If answer to Q. is "No", give names of other medical attendants.
9. When did you last see the deceased alive? How long before death?
10. Did you see the body after death? What examination of it did you make?
- \* 11. Give history of illness, signs and symptoms, progress of the disease, result of special investigations and laboratory findings, operations within the year preceding death and findings of operations. (If space insufficient give further details over page).
12. (a) What was the direct cause of death?
- (b) What were the antecedent causes (if any) (i.e. the morbid conditions giving rise to the direct cause)?
- (c) What other conditions (if any) contributed to or accelerated death?
13. (a) Was an autopsy performed?
- (b) What was the cause of death determined at autopsy?
- \* 14. State how far the answers to Questions 11 and 12 are the result of your own observations, or are based on statements made or evidence provided by others, e.g. laboratory findings, consultant's opinion, post mortem (if performed) etc.
- (If space insufficient give further details over page).
15. Was the patient nursed in hospital during the whole or part of the 4 weeks preceding death? (If so, give name of hospital).

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**Appendix "A"**

- .....  
 16. If not nursed in hospital for 4 weeks preceding death, by whom was deceased nursed? State if professional nurse, relative, etc. ....  
 .....  
 17. Who were the persons (if any) present at the time of death? .....  
 .....  
 18. In view of the deceased's habits and constitution, do you feel any doubt whatsoever as to the character of the disease or cause of death?  
 .....  
 .....  
 19. Do you know, or have you any reason to suspect, that the death of the deceased was due, directly or indirectly, to

<u>Application for Permit to Cremate</u>		<u>Cremation Act 1929</u> <u>Form 6</u>
<u>Applicant</u>	<u>Name</u>	
	<u>Address</u>	
<u>Deceased</u>  <i>(*"Nearest surviving relative" is explained at the end of this form.)</i>	<u>Name</u>	
	<u>Address</u>	
	<u>Date of birth</u> /    / <u>Male/Female</u>	
	<u>Marital status</u>	
	<u>Occupation</u>	
	<u>Nearest surviving relative* (if known)</u>	
	<u>Name</u>	
	<u>Relationship</u>	
	<u>Usual doctor</u>	
<u>Name</u>		
<u>Address</u>		
<u>Doctor(s) who attended deceased during his or her last illness</u>		
<u>Name</u>		
<u>Address</u>		



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Appendix "A"**

<u>Instructions from deceased</u>	<p>Did the deceased leave any written directions about how his or her remains were to be dealt with?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Give details</p> <p>_____</p> <p>_____</p>	
<u>Objections</u>	<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>Name _____</p> <p>Relationship to deceased _____</p> <p>Address _____</p>	
<u>Coroner</u>	<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>	
<u>Applicant's relationship to deceased</u> <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> <p>If you are not the Administrator, why are you making the application instead of the Administrator? _____</p>	
<u>Details of death</u>	<p><del>(a) — Violence;</del> Date / /20 Time _____</p> <p>a.m./p.m.</p>	<p><b>Deleted Cells</b></p> <p><b>Inserted Cells</b></p> <p><b>Deleted Cells</b></p>
<del>(b) — poison;</del>	<p>Place where deceased died</p> <p><input type="checkbox"/> Home</p> <p>Address _____</p> <p><input type="checkbox"/> Hospital</p> <p>Address _____</p> <p><input type="checkbox"/> Other</p> <p>Address _____</p>	<p><b>Merged Cells</b></p> <p><b>Split Cells</b></p>

**Cremation Regulations 1954**  
**Appendix "A"**

<p><del>(d) illegal operation;</del></p>	<p><del>(e) 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)</del></p> <p><del>_____ violence</del></p> <p><del>_____ poison</del></p> <p><del>_____ privation or neglect;</del></p> <p><del>_____ medical procedure</del></p> <p><del>_____ drowning</del></p> <p><del>_____ suffocation</del></p> <p><del>_____ burns</del></p> <p><del>Do you have any reason to suppose that an examination of the deceased's remains may be desirable?</del></p> <p><del>_____ No</del></p> <p><del>_____ Yes. Give details</del></p> <p>_____</p> <p>_____</p>	<p><b>Inserted Cells</b></p> <p><b>Deleted Cells</b></p> <table border="1"> <tr> <td></td> <td></td> </tr> </table> <p><b>Split Cells</b></p>		
<p><b>Other applications</b></p>	<p>Have you, or anyone else that you know of, previously applied for a permit to cremate the deceased's remains?</p> <p>_____ No</p> <p>_____ 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><b>Statutory declaration</b></p> <p><i>(Witness must be a person authorised to take statutory declarations.)</i></p>	<p><b><u>I sincerely declare that the information given in this application is true and correct and that I have not omitted any relevant information.</u></b></p> <p><b><u>I know that it is an offence to make a declaration knowing that it is false in a material particular.</u></b></p> <p>Signature _____</p> <p>Date _____ / _____ /20 _____</p> <p>Witness _____</p> <p>Signature _____</p> <p>Name _____</p> <p>Address _____</p>			
<p><b>Medical referee</b></p>	<p>Permit No. _____</p>			



**Cremation Regulations 1954**  
**Appendix "A"**

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

I, ..... hereby certify  
that the answers given are true and accurate to the best of my knowledge and belief.

There is no circumstance known to me which could give rise to any suspicion  
that the death was due wholly or in part to any other cause than as stated above, and  
there is no circumstance of any sort known to me which makes it undesirable that the  
body should be cremated.

Signature .....  
Full Name (Block Letters) .....  
Address .....  
Registered Qualifications .....  
Date .....

---

*[Form 6 inserted in Gazette 4 Apr 2008 p. 1300-2.]*

**Cremation Regulations 1954**  
**Appendix "A"**

**Form 7**

<b>Certificate of Medical Practitioner</b>	<i>Cremation Act 1929</i> <i>Form 7</i>
<p><u>Certificate to be completed by doctor who attended deceased prior to death.</u>  <u>Add additional pages if more space is required.</u>  <u>Attach copies of all relevant laboratory reports, results, certificates etc.</u></p>	
<b>Deceased</b>	<u>Name</u> _____
	<u>Address</u> _____
	<u>Date of birth</u> /    / <u>Age</u>
	<u>Marital status</u>
	<u>Male/Female</u>
	<u>Occupation</u>
<b>Doctor</b>	<u>Name</u> _____
	<u>Address</u> _____
	<u>Are you a spouse, de facto partner or relative of the deceased?</u> _____ No _____ Yes <u>Nature of relationship</u>
	<u>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?</u> _____ No _____ Yes <u>Give details</u>
	<u>Were you the deceased's usual doctor?</u> _____ No                      _____ Yes

**Cremation Regulations 1954**  
**Appendix "A"**

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

**Cremation Regulations 1954**  
**Appendix "A"**

	<p><u>Place where the deceased died —</u></p> <p><u>Home</u></p> <p><u>Address</u> _____</p> <p><u>Hospital</u></p> <p><u>Address</u> _____</p> <p><u>Other</u></p> <p><u>Address</u> _____</p>
	<p><u>Were you present when the deceased died?</u></p> <p><u>Yes</u> _____</p> <p><u>No</u> <u>When did you last see the deceased alive?</u></p> <p>Date _____ / _____ /20 _____ Time _____ a.m./p.m.</p>
	<p><u>Did you examine the deceased's body after death?</u></p> <p><u>No</u> _____</p> <p><u>Yes</u> <u>Give details</u> _____</p>
	<p><u>Do you have any reason to suppose that a further examination of the deceased's remains may be desirable?</u></p> <p><u>No</u> _____</p> <p><u>Yes</u> <u>Give details</u> _____</p>
<b><u>Cause of death</u></b>	<p><u>Was a post mortem performed?</u></p> <p><u>No</u> _____</p> <p><u>Yes</u> <u>Give details of results</u> _____</p> <p>_____</p>
<i>(* If a Medical Certificate of Cause of Death is attached, answers are not required to these</i>	<p><u>*Did you sign the Medical Certificate of Cause of Death?</u></p> <p><u>Yes</u> _____</p> <p><u>No</u> <u>Name of the doctor who signed the certificate</u></p> <p>_____</p>
	<p><u>*Direct cause of death</u></p> <p>_____</p>

**Cremation Regulations 1954**  
**Appendix "A"**

<u>questions.)</u>	<u>*Antecedent causes of death (if any)</u> _____ _____
	<u>*Conditions contributing to or accelerating death (if any)</u> _____ _____
<b>Clinical observations</b>	<p><u>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)</u></p> <p><u>_____ violence</u></p> <p><u>_____ poison</u></p> <p><u>_____ privation or neglect</u></p> <p><u>_____ medical procedure</u></p> <p><u>_____ drowning</u></p> <p><u>_____ suffocation</u></p> <p><u>_____ burns</u></p> <p><u>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?</u></p> <p><u>_____ No</u></p> <p><u>_____ Yes Give details _____</u></p>
<b>Safety of cremation</b>	<p><u>At the time of death was the deceased fitted with a cardiac pacemaker?</u></p> <p><u>_____ No</u></p> <p><u>_____ Yes Has it been removed _____ Yes _____ No</u></p>



**Cremation Regulations 1954**  
**Appendix "A"**

	<p><u>Had the deceased received any of the following radioactive treatments?</u></p> <ul style="list-style-type: none"> <li>• <u>Strontium-89 injection (e.g. for bone metastases) during the 12 months prior to death</u>  <input type="checkbox"/> No    <input type="checkbox"/> Yes*</li> <li>• <u>Iodine-125 seed implant (e.g. for prostate cancer) during the 12 months prior to death</u>  <input type="checkbox"/> No    <input type="checkbox"/> Yes*</li> <li>• <u>Samarium-153 during the 2 weeks prior to death</u>  <input type="checkbox"/> No    <input type="checkbox"/> Yes*</li> <li>• <u>Rhenium-188 during the 2 weeks prior to death</u>  <input type="checkbox"/> No    <input type="checkbox"/> Yes*</li> <li>• <u>Yttrium-90 during the 2 weeks prior to death</u>  <input type="checkbox"/> No    <input type="checkbox"/> Yes*</li> </ul> <p><u>* If yes — has the Radiation Safety Officer at the treating institution certified that cremation is safe?</u>  <input type="checkbox"/> No    <input type="checkbox"/> Yes    Attach certificate</p> <p><u>Are you aware of anything else that could render cremation unsafe? (e.g. other medical devices, recent treatment etc.)</u>  <input type="checkbox"/> No  <input type="checkbox"/> Yes Give details _____</p>
<b><u>Certification of medical practitioner</u></b>	<p><b><u>I certify that the information set out above is true and correct and that I have not omitted any relevant information.</u></b></p> <p>Signature _____</p> <p>Date    /    /20</p>

*[Form 7 inserted in Gazette 4 Apr 2008 p. 1302-4.]*

**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 death ..... Place 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**  
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, 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 30 Dec 2004 p. 6933.]*

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**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 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 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.

*[Appendix "A" amended in Gazette 17 December 1954 p.2252;  
24 February 1978 pp.560-1; 29 June 1984 p.1781;  
24 September 2002 p.4767-8; 30 Dec 2004 p. 6933.]*

**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) .....	34.10
(b) given at any other time .....	57.20

*[Appendix "B" inserted in Gazette 16 November 1973 p.4220; amended in Gazette 28 May 1976 p.1579; 29 June 1984 p.1781; 28 December 1984 p.4206; 27 May 1994 p.2209; 29 March 1996 p.1580; 2 April 1996 p.1580; 30 June 2000 p.3406.]*



**Notes**

<sup>1</sup> 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.<sup>1a</sup> |

**Compilation table**

<b>Citation</b>	<b>Gazettal</b>	<b>Commencement</b>
<i>Cremation Regulations 1954</i>	20 Aug 1954 p. 1441-9	6 Sep 1954 (see r. 2)
	17 Dec 1954 p. 2252	17 Dec 1954
	16 Nov 1973 p. 4220	16 Nov 1973
	28 May 1976 p. 1579	28 May 1976
	24 Feb 1978 p. 560-1	24 Feb 1978
<i>Health Legislation Amendment Regulations 1984 r. 4</i>	29 Jun 1984 p. 1780-4	1 Jul 1984 (see r. 2)
<i>Cremation Amendment Regulations 1984</i> <sup>5</sup>	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 r. 2</i>	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)
<i>Cremation Amendment Regulations 2002</i>	24 Sep 2002 p. 4766-8	24 Sep 2002 <sup>4</sup>
<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)

<sup>1a</sup> ~~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.~~

**Cremation Regulations 1954**

**Provisions that have not come into operation**

<b>Citation</b>	<b>Gazettal</b>	<b>Commencement</b>
<i>Cremation Amendment Regulations 2008</i> r. 4 <sup>6</sup>	4 Apr 2008 p. 1299-304	1 Jul 2008 (see r. 2)

NB. This Act is affected by the *Decimal Currency Act 1965* (No. 113 of 1965) s.8.

- <sup>2</sup> Repealed by the *Cemeteries Act 1986* (No. 102 of 1986).
- <sup>3</sup> Repealed by the *Associations Incorporation Act 1987* (No. 59 of 1987).
- <sup>4</sup> The commencement date referred to in r. 2 was before the date of gazettal.
- <sup>5</sup> 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.

<sup>6</sup> On the date as at which this compilation was prepared, the *Cremation Amendment Regulations 2008* r. 4 had not come into operation. It reads as follows:

“

**4. Appendix A amended**

Appendix A is amended by deleting Forms 6 and 7 and inserting instead—

“

**Form 6**

<b>Application for Permit to Cremate</b>		<i>Cremation Act 1929</i> Form 6
<b>Applicant</b>	Name _____	
	Address _____	
<b>Deceased</b>	Name _____	
	Address _____	
	Date of birth _____ / _____ / _____ Male/Female	
	Marital status _____	
	Occupation _____	
(*“Nearest surviving relative” is explained at the end of this	Nearest surviving relative* (if known)	
	Name _____	
	Relationship _____	

**Cremation Regulations 1954**

<i>form-)</i>	Usual doctor Name _____ Address _____
	Doctor(s) who attended deceased during his or her last illness Name _____ Address _____
<b>Instructions from deceased</b>	Did the deceased leave any written directions about how his or her remains were to be dealt with? _____ No _____ Yes. Give details _____ _____
<b>Objections</b>	Do you know of anyone who objects to the deceased's remains being cremated? _____ No _____ Yes. Give detail of that person: Name _____ Relationship to deceased _____ Address _____
<b>Coroner</b>	Has the Coroner conducted an investigation or inquest into the deceased's death? _____ Yes _____ No _____ Unsure
<b>Applicant's relationship to deceased</b> <small>(* "Nearest surviving relative" is explained at the end of this form-)</small>	_____ Administrator of the deceased _____ Nearest surviving relative* of the deceased _____ Other _____  If you are not the Administrator, why are you making the application instead of the Administrator? _____ _____
<b>Details of death</b>	Date _____ / _____ /20_____ Time _____ a.m./p.m.
	Place where deceased died _____ Home _____ Address _____ _____ Hospital _____ Address _____ _____ Other _____ Address _____

**Cremation Regulations 1954**

	<p>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)</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> <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>
<b>Other applications</b>	<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>
<b>Statutory declaration</b>	<p><del>I sincerely declare that the information given in this application is true and correct and that I have not omitted any relevant information.</del></p> <p><del>I know that it is an offence to make a declaration knowing that it is false in a material particular.</del></p> <p>Signature _____</p> <p>Date ____/____/20 ____</p> <p>Witness</p> <p>Signature _____</p> <p>Name _____</p> <p>Address _____</p>
<b>Medical referee</b> <i>(For office use only)</i>	<p>Permit No. _____</p> <p>Date ____/____/20 ____</p> <p>Medical Referee</p> <p>Signature _____</p> <p>Name _____</p>

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 7**

<b>Certificate of Medical Practitioner</b>		<i>Cremation Act 1929</i> <i>Form 7</i>
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.		
<b>Deceased</b>	Name _____	
	Address _____	
	Date of birth _____ / _____ / _____	Age _____
	Marital status _____	
	Male/Female _____	
<b>Doctor</b>	Occupation _____	
	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	

<b>Recent care of deceased</b>	During the 4 weeks prior to death did the deceased receive medical or nursing care? <input type="checkbox"/> No <input type="checkbox"/> Yes Where was the deceased cared for? <input type="checkbox"/> Hospital _____ <input type="checkbox"/> Nursing home _____ <input type="checkbox"/> Home _____ <input type="checkbox"/> Other _____  If cared for at home or other place, who provided care? <input type="checkbox"/> Professional health care providers <input type="checkbox"/> Relatives, friends, others <input type="checkbox"/> Give names and relationship to the deceased _____ _____
	Did you attend the deceased during his or her last illness? <input type="checkbox"/> No <input type="checkbox"/> Yes Since what date? ____ / ____ /20
	Did any other doctor(s) attend the deceased during his or her last illness? <input type="checkbox"/> No <input type="checkbox"/> Yes Give names _____
<b>Last illness</b>	Brief clinical history of last illness including diagnoses and events leading to death. _____ _____ _____
<b>Details of death</b>	Date ____ / ____ /20 Time ____ a.m./p.m.
	Place where the deceased died — <input type="checkbox"/> Home <input type="checkbox"/> Address _____ <input type="checkbox"/> Hospital _____ <input type="checkbox"/> Address _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Address _____
	Were you present when the deceased died? <input type="checkbox"/> Yes <input type="checkbox"/> No When did you last see the deceased alive? Date ____ / ____ /20 Time ____ a.m./p.m.

**Cremation Regulations 1954**

	<p>Did you examine the deceased's body after death?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes - Give details _____</p>
	<p>Do you have any reason to suppose that a further examination of the deceased's remains may be desirable?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes - Give details _____</p>
<b>Cause of death</b>	<p>Was a post mortem performed?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes - Give details of results _____</p>
<p><i>(* If a Medical Certificate of Cause of Death is attached, answers are not required to these questions.)</i></p>	<p><b>*Did you sign the Medical Certificate of Cause of Death?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No - Name of the doctor who signed the certificate _____</p> <p>=</p>
	<p><b>*Direct cause of death</b></p> <p>_____</p>
	<p><b>*Antecedent causes of death (if any)</b></p> <p>_____</p>
	<p><b>*Conditions contributing to or accelerating death (if any)</b></p> <p>_____</p>
<b>Clinical observations</b>	<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**

	<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><del>_____</del> No  <del>_____</del> Yes - Give details _____</p>
<b>Safety of cremation</b>	<p>At the time of death was the deceased fitted with a cardiac pacemaker?</p> <p><del>_____</del> No  <del>_____</del> Yes Has it been removed <del>_____</del> Yes <del>_____</del> No</p>
	<p>Had the deceased received any of the following radioactive treatments?</p> <ul style="list-style-type: none"> <li>• <del>_____</del> Strontium 89 injection (e.g. for bone metastases) during the 12 months prior to death  <del>_____</del> No <del>_____</del> Yes<sup>‡</sup></li> <li>• <del>_____</del> Iodine 125 seed implant (e.g. for prostate cancer) during the 12 months prior to death  <del>_____</del> No <del>_____</del> Yes<sup>‡</sup></li> <li>• <del>_____</del> Samarium 153 during the 2 weeks prior to death  <del>_____</del> No <del>_____</del> Yes<sup>‡</sup></li> <li>• <del>_____</del> Rhenium 188 during the 2 weeks prior to death  <del>_____</del> No <del>_____</del> Yes<sup>‡</sup></li> <li>• <del>_____</del> Yttrium 90 during the 2 weeks prior to death  <del>_____</del> No <del>_____</del> Yes<sup>‡</sup></li> </ul> <p><sup>‡</sup> If yes _____ has the Radiation Safety Officer at the treating institution certified that cremation is safe?  <del>_____</del> No <del>_____</del> Yes - Attach certificate</p>
	<p>Are you aware of anything else that could render cremation unsafe? (e.g. other medical devices, recent treatment etc.)</p> <p><del>_____</del> No  <del>_____</del> Yes - Give details _____</p>
	<p><b>Certification of medical practitioner</b></p> <p><b>I certify that the information set out above is true and correct and that I have not omitted any relevant information.</b></p> <p>Signature _____</p> <p>Date _____ / _____ /20_____</p>

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