



Western Australia

## **Cremation Regulations 1954**

Compare between:

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Western Australia

[Reprinted under the  
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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~~

### 3. Term used in these regulations

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;

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- (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 ~~September~~ Sep 2002  
p. 4767.]

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## **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~~Jun 1984 p. 1781.]* |

### **5. Form of licence**

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

### **6. Compliance certificate**

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

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**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~~Jun 1984 p. 1781.]*

**7. Form of certificate**

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

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

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## **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~~Jun 1984 p. 1781.]* |

### **9. Inspection**

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

*[Regulation 9 amended in Gazette 29 ~~June~~Jun 1984 p. 1781.]* |

### **10. Notice requiring work to be carried out**

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

*[Regulation 10 amended in Gazette 29 ~~June~~Jun 1984 p. 1781.]* |

**Part III — Application for permit to cremate**

**11. Form of permit application**

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

**12. Other requirements for permit**

Every application to cremate made in accordance with regulation 11 shall be accompanied by —

- (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-Jun~~ 1984 p. 1781; 30 Dec 2004 p. 6933.]*

## **Part V — Cremation elsewhere than in a crematorium**

### **15. Cremation elsewhere for religious reasons**

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

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

## Part VI — Miscellaneous

### 18. Register of cremation to be kept

Every licensee of a crematorium shall keep a register of cremations in accordance with Form\_11 of Appendix “A”, and shall enter therein all particulars for which the form provides. The entries shall be made in relation to every cremation carried out in the crematorium, and shall be made immediately after the cremation, except in the case of those entries referring to the disposal of ashes.

### 19. Inspection of register

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

*[Regulation 19 amended by No. 13 of 1965 s. 8(1).]*

### 20. Notice of cremation to be given

The licensee of a crematorium shall, within 24 hours after a cremation is carried out, give notice thereof to the Executive Director and the Registrar General, in accordance with Form\_12 of Appendix “A”.

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

### 20A. Post mortem certificate

A certificate of a medical practitioner who has conducted a post mortem examination may be in accordance with Form\_13 of Appendix “A”.

*[Regulation 20A inserted in Gazette 17 ~~December~~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*<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.

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**Appendix "A"**

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*[Form 1 amended in Gazette 29 Jun 1984 p. 1781.]*

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

By His Excellency's Command,

.....  
Minister.

[\[Form 2 amended in Gazette 29 Jun 1984 p. 1781.\]](#)

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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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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.]*

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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.

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

**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 5 amended in Gazette 29 Jun 1984 p. 1781.]*

**Form 6**

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

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<b>Objections</b>	<p>Do you know of anyone who objects to the deceased's remains being cremated?</p> <p>No</p> <p>Yes. Give detail of that person:</p> <p>Name _____</p> <p>_____</p> <p><u>Relationship to deceased</u></p> <p>Address _____</p> <p>_____</p>
<b>Coroner</b>	<p>Has the Coroner conducted an investigation or inquest into the deceased's death?</p> <p>Yes                  No                  Unsure</p>
<b>Applicant's relationship to deceased</b> <i>(*"Nearest surviving relative" is explained at the end of this form.)</i>	<p>Administrator of the deceased</p> <p>Nearest surviving relative* of the deceased</p> <p>Other _____</p> <p>If you are not the Administrator, why are you making the application instead of the Administrator? _____?</p> <p>_____</p> <p>_____</p>
<b>Details of death</b>	<p>Date        /        /20                  Time                  a.m./p.m.</p> <p>Place where deceased died</p> <p>Home</p> <p>Address _____</p> <p>Hospital _____</p> <p>Address _____</p> <p>Other _____</p> <p>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>violence</p> <p>poison</p> <p>privation or neglect</p> <p>medical procedure</p> <p>drowning</p>

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	<p>suffocation</p> <p>burns</p>
	<p>Do you have any reason to suppose that an examination of the deceased's remains may be desirable?</p> <p>No</p> <p>Yes. Give details _____</p> <p>_____</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>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>
<b>Statutory declaration</b>	<p><b>I sincerely declare that the information given in this application is true and correct and that I have not omitted any relevant information.</b></p> <p><b>I know that it is an offence to make a declaration knowing that it is false in a material particular.</b></p> <p>Signature _____</p> <p>Date ____ / ____ /20____</p>
<i>(Witness must be a person authorised to take statutory declarations.)</i>	Witness
	Signature _____
	Name _____
	Address _____
<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>

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**Appendix "A"**

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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.]*



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**Appendix "A"**

**Form 7**

<b>Certificate of Medical Practitioner</b>	<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.	
<b>Deceased</b>	Name _____
	Address _____
	Date of birth     /     / _____
	Marital status _____
	Male/Female _____
	Occupation _____
<b>Doctor</b>	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 _____

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**Appendix "A"**

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

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<b>Last illness</b>	Brief clinical history of last illness including diagnoses and events leading to death. <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<b>Details of death</b>	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. <hr/> Did you examine the deceased's body after death? No Yes Give details _____ <hr/> Do you have any reason to suppose that a further examination of the deceased's remains may be desirable? No Yes Give details _____

Merged Cells

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<p><b>Cause of death</b></p> <p><i>(* If a Medical Certificate of Cause of Death is attached, answers are not required to these questions.)</i></p>	<p>Was a post mortem performed?</p> <p>No</p> <p>Yes Give details of results _____</p> <p>_____</p> <p>_____</p>
	<p>*Did you sign the Medical Certificate of Cause of Death?</p> <p>Yes</p> <p>No Name of the doctor who signed the certificate</p> <p>_____</p> <p>_____</p>
	<p>*Direct cause of death</p> <p>_____</p> <p>_____</p>
	<p>*Antecedent causes of death (if any)</p> <p>_____</p> <p>_____</p>
	<p>*Conditions contributing to or accelerating death (if any)</p> <p>_____</p> <p>_____</p>
<p><b>Clinical observations</b></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>violence</p> <p>poison</p> <p>privation or neglect</p> <p>medical procedure</p> <p>drowning</p> <p>suffocation</p> <p>burns</p>

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	<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>No</p> <p>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>No</p> <p>Yes Has it been removed          Yes          No</p>
	<p>Had the deceased received any of the following radioactive treatments?</p> <ul style="list-style-type: none"> <li>• Strontium-89 injection (<i>e.g. for bone metastases</i>) during the 12 months prior to death No          Yes*</li> <li>• Iodine-125 seed implant (<i>e.g. for prostate cancer</i>) during the 12 months prior to death No          Yes*</li> <li>• Samarium-153 during the 2 weeks prior to death No          Yes*</li> <li>• Rhenium-188 during the 2 weeks prior to death No          Yes*</li> <li>• Yttrium-90 during the 2 weeks prior to death No          Yes*</li> </ul> <p>* If yes — has the Radiation Safety Officer at the treating institution certified that cremation is safe? No          Yes          Attach certificate</p>
	<p>Are you aware of anything else that could render cremation unsafe? (<i>e.g. other medical devices, recent treatment etc.</i>)</p> <p>No</p> <p>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>

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

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	Date        /        /20
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*[Form 7 inserted in Gazette 4 Apr 2008 p. 1302-4.]*

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**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~~  
~~death~~ .....

It has been reported that the cause of death was (primary) .....  
~~(secondary)~~ .....  
(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~~ ..... 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 ..... (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 [29 Jun 1984 p. 1781](#); 30 Dec 2004 p. 6933.]

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

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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.	

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**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 12 amended in Gazette 29 Jun 1984 p. 1781.]*

**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 Form 13 inserted in Gazette  
17 December Dec 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.]*

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**Appendix “B”**

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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~~Nov 1973 p. 4220; amended in Gazette 28 May 1976 p. 1579; 29 ~~June~~Jun 1984 p. 1781; 28 ~~December~~Dec 1984 p. 4206; 27 May 1994 p. 2209; 29 ~~March~~Mar 1996 p. 1580; 2 ~~April~~Apr 1996 p. 1580; 30 ~~June~~Jun 2000 p. 3406.]*

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## Cremation Regulations 1954

### Notes

- <sup>1</sup> This [reprint](#) is a compilation [as at 1 August 2008](#) of the *Cremation Regulations 1954* and includes the amendments made by the other written laws referred to in the following table. [The table also contains information about any reprint.](#)

### Compilation table

Citation	Gazettal	Commencement
<i>Cremation Regulations 1954</i>	20 Aug 1954 p. 1441-9	6-Sep 1954 (see r. 2)
<a href="#">Untitled regulations</a>	17 Dec 1954 p. 2252	17-Dec 1954
<a href="#">Reprint of the Cremation Regulations 1954 in Gazette 15 Sep 1959 p. 2339-50 (includes amendments listed above)</a>		
<a href="#">Decimal Currency Act 1965 assented to 21 Dec 1965</a>		
		<a href="#">Act other than s. 4-9: 21 Dec 1965 (see s. 2(1)); s. 4-9; 14 Feb 1966 (see s. 2(2))</a>
<a href="#">Untitled regulations</a>	16 Nov 1973 p. 4220	16 Nov 1973
<a href="#">Untitled regulations</a>	28 May 1976 p. 1579	28 May 1976
<a href="#">Untitled regulations</a>	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 <sup>34</sup></i>	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)
<a href="#">Reprint of the Cremation Regulations 1954 as at 1 Dec 2000 (includes amendments listed above)</a>		
<i>Cremation Amendment Regulations 2002</i>	24 Sep 2002 p. 4766-8	24 Sep 2002 <sup>45</sup>

## 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)

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

[Reprint 3: The Cremation Regulations 1954 as at 1 Aug 2008 \(includes amendments listed above\)](#)

<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.~~

**Cremation Regulations 1954**

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<sup>5</sup> [The commencement date referred to in r. 2 was before the date of gazettal.](#)

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[By Authority: JOHN A. STRIJK, Government Printer](#)