Western Australia

Cremation Act 1929

# **Cremation Regulations 1954**

## Western Australia

# **Cremation Regulations 1954**

## CONTENTS

| 1.<br>2.<br>3.       | Citation Commencement Torm yeard in these regulations                          | 1<br>1<br>1 |
|----------------------|--|-------------|
| 3.                   | Term used in these regulations   | 1           |
|                      | Part I — Application for licence to use and conduct a crematorium              |             |
| 4.<br>5.<br>6.<br>7. | Application Form of licence Compliance certificate Form of certificate         | 3<br>3<br>4 |
|                      | Part II — Maintenance and inspection of crematoria                             |             |
| 8.<br>9.<br>10.      | Crematoria to be maintained Inspection Notice requiring work to be carried out | 5<br>5<br>5 |
|                      | Part III — Application for permit to   |             |
|                      | cremate  |             |
| 11.<br>12.           | Form of permit application Other requirements for permit                       | 6<br>6      |
|                      | Part IV — The medical referee  |             |
| 13.<br>14.           | Referee to be a medical practitioner<br>Conditions for medical referee         | 7<br>7      |

As at 30 Jun 2012 Version 03-d0-02 page i

|                           | Part V — Cremation elsewhere than   |                      |
|---------------------------|---|----------------------|
|                           | in a crematorium  |                      |
| 15.<br>16.<br>17.         | Cremation elsewhere for religious reasons<br>Cremation in a cemetery<br>Permission required for cremation elsewhere | 9<br>9<br>9          |
|                           | Part VI — Miscellaneous   |                      |
| 18.<br>19.<br>20.<br>20A. | Register of cremation to be kept Inspection of register Notice of cremation to be given Post mortem certificate     | 10<br>10<br>10<br>10 |
|                           | Appendix "A"  |                      |
|                           | Appendix "B"  |                      |
|                           | Notes   |                      |
|                           | Compilation table   | 35                   |
|                           | <b>Defined Terms</b>  |                      |

#### 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. 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;
- (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;

As at 30 Jun 2012 Version 03-d0-02 page 1

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

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

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

#### 4. Application

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

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

#### 5. Form of licence

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

#### 6. Compliance certificate

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

As at 30 Jun 2012 Version 03-d0-02 page 3

#### r. 7

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

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

#### 7. Form of certificate

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

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

## Part II — Maintenance and inspection of crematoria

#### 8. Crematoria to be maintained

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

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

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

#### 9. Inspection

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

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

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

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

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

As at 30 Jun 2012 Version 03-d0-02 page 5

## Part III — Application for permit to cremate

#### 11. Form of permit application

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

#### 12. Other requirements for permit

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

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

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

page 6 Version 03-d0-02 As at 30 Jun 2012

#### 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: —

- 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.
- A medical referee shall provide reasonable facilities, for (2) persons wishing to make application to cremate, between the hours of 9 a.m. and 5 p.m. Mondays to Fridays, inclusive, and between the hours of 9 a.m. and noon on Saturdays, unless prevented by urgent circumstances. He shall, when available, deal with any urgent application at other times, in which case he shall be entitled to receive the higher prescribed fee.
- (3) Forthwith after issuing a permit to cremate, the medical referee shall forward a copy of the permit marked with the permit number and date to the Executive Director.
- (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.

Version 03-d0-02 As at 30 Jun 2012 page 7

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

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

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

#### 15. Cremation elsewhere for religious reasons

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

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

#### 16. Cremation in 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 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 Jun 1984 p. 1781.]

#### 20A. Post mortem certificate

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

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

# Appendix "A"

#### Form 1

Western Australia Cremation Act 1929

#### APPLICATION FOR A LICENCE TO USE AND CONDUCT A CREMATORIUM

Regulation 4

| 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 <i>Cemeteries Act 1897</i> <sup>2</sup> (or the           |
| being an association incorporated under the Associations  |
| <i>Incorporation Act 1895</i> <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,  |
| 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, 20   |
| For and on behalf of the applicant,   |
| Chairman.   |
| [Form 1 amended in Gazette 29 Jun 1984 p. 1781.]  |
| •   |
|   |

As at 30 Jun 2012 Version 03-d0-02 page 11

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 <i>Cemeteries Act 1897</i> <sup>2</sup> , as the Trustees and controlling body of the   |
| with the provisions of section 4 of the Cremation Act 1929, that the said trustees or   |
| controlling body of the said  |
| 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 <i>Cremation Act 1929</i> , doth by these presents grant to the trustees and controlling body for the time being and from time to time of the   |
| 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 <i>Cremation Act 1929</i> , 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.   |

Extract from www.slp.wa.gov.au, see that website for further information

| 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.]      |

As at 30 Jun 2012 Version 03-d0-02
Extract from www.slp.wa.gov.au, see that website for further information page 13

Western Australia

Cremation Act 1929

# LICENCE TO USE AND CONDUCT A SPECIFIED CREMATORIUM

Regulation 5

| Whereas by an application bearing the date   |
|--|
| , 20,  |
| an association duly incorporated under the provisions of the <i>Associations Incorporation Act 1895</i> <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 <i>Cremation Act 1929</i> , 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 |
| the said association for the purpose aforesaid (or within the cemetery,  |
| a public cemetery duly proclaimed under the provisions of the <i>Cemeteries Act 1897</i> <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 <i>Cremation Act 1929</i> , have been duly   |
| complied with: Now, therefore, His Excellency the Governor, in exercise of the powers conferred by section 4 of the <i>Cremation Act 1929</i> , 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 <i>Cremation</i>  |
| 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   |

|          | nd specifications which have been approved by him, and that the |
|----------|---|
| •        | been complied with.   |
|          | Perth in the State of Western Australia, this                   |
| <b>,</b> | By His Excellency's Command.                                    |
|          | Minister for Health.  |
| [For     | m 3 amended in Gazette 29 Jun 1984 p. 1781.]                    |

As at 30 Jun 2012 Version 03-d0-02
Extract from www.slp.wa.gov.au, see that website for further information page 15

#### 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

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

#### Western Australia

Cremation Act 1929

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

| Regulation /   |  |
|--|--|
| Whereas a licence to use and conduct a crematorium upon a site defined and set side for the purpose within the   |  |
|  |  |
| 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 |  |
| Dated the  |  |
|  |  |
| Executive Director,  |  |
| Public Health and  |  |
| Scientific Support Services.   |  |
| [Form 5 amended in Gazette 29 Jun 1984 p. 1781.]   |  |

As at 30 Jun 2012 Version 03-d0-02 page 17

| Application for           | or Permit to Cremate   | Cremation Act 1929 Form 6 |  |
|---------------------------|--|---------------------------|--|
| Applicant                 | Name   |                           |  |
|                           | Address  |                           |  |
|                           |  |                           |  |
| Deceased                  | Name   |                           |  |
|                           | Address  |                           |  |
|                           |  |                           |  |
|                           | Date of birth / / Male/Fe                                      | emale                     |  |
|                           | Marital status   |                           |  |
|                           | Occupation   |                           |  |
| (*"Nearest                | Nearest surviving relative* (if known)                         |                           |  |
| surviving<br>relative" is | Name   |                           |  |
| explained at              | Relationship   |                           |  |
| the end of this           |  |                           |  |
| form.)                    | Usual doctor   |                           |  |
|                           | Name   |                           |  |
|                           | Address  |                           |  |
|                           | Destor(s) who attended despected during his                    | or har last illness       |  |
|                           | Doctor(s) who attended deceased during his or her last illness |                           |  |
|                           | NameAddress  |                           |  |
|                           | 7 Kidi CSS   |                           |  |
| Instructions              | Did the deceased leave any written direction                   | as about how his or her   |  |
| from                      | remains were to be dealt with?                                 |                           |  |
| deceased                  |  |                           |  |
|                           |  |                           |  |
|                           |  |                           |  |
|                           |  |                           |  |

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

As at 30 Jun 2012 Version 03-d0-02
Extract from www.slp.wa.gov.au, see that website for further information page 19

|                           | burns  |  |  |  |  |
|---------------------------|--|--|--|--|--|
|                           | Do you have any reason to suppose that an examination of the deceased's remains may be desirable?  |  |  |  |  |
|                           | No   |  |  |  |  |
|                           | Yes. Give details  |  |  |  |  |
|                           |  |  |  |  |  |
| Other applications        | Have you, or anyone else that you know of, previously applied for a permit to cremate the deceased's remains?  |  |  |  |  |
|                           | No   |  |  |  |  |
|                           | Yes. Give details of previous application  |  |  |  |  |
|                           | Made by  |  |  |  |  |
|                           | Date//20   |  |  |  |  |
|                           | Medical Referee to whom it was made  |  |  |  |  |
|                           |  |  |  |  |  |
|                           |  |  |  |  |  |
| Statutory<br>declaration  | I sincerely declare that the information given in this application is true and correct and that I have not omitted any relevant information.  I know that it is an offence to make a declaration knowing |  |  |  |  |
|                           | that it is false in a material particular.   |  |  |  |  |
|                           | Signature // /20   |  |  |  |  |
| (W:4                      | Date / /20   |  |  |  |  |
| (Witness must be a person | Witness  |  |  |  |  |
| authorised to             | Signature  |  |  |  |  |
| take statutory            | Name   |  |  |  |  |
| declarations.)            | Address  |  |  |  |  |
| Medical                   | Permit No.   |  |  |  |  |
| referee                   | Date / /20   |  |  |  |  |
| (For office use           | Medical Referee  |  |  |  |  |
| only)                     | Signature  |  |  |  |  |
|                           | Name   |  |  |  |  |

Version 03-d0-02
Extract from www.slp.wa.gov.au, see that website for further information page 20 As at 30 Jun 2012 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.]

#### Form 7

| Certificate of M     | Cremation Act 1929 Form 7   |                      |  |  |  |  |  |
|----------------------|---|----------------------|--|--|--|--|--|
| Certificate to be co | Certificate to be completed by doctor who attended deceased prior to death. |                      |  |  |  |  |  |
| Add additional pag   | es if more space is required.   |                      |  |  |  |  |  |
| Attach copies of all | relevant laboratory reports, results, certificates                          | etc.                 |  |  |  |  |  |
| Deceased             | Name  |                      |  |  |  |  |  |
|                      | Address   |                      |  |  |  |  |  |
|                      |   |                      |  |  |  |  |  |
|                      | Date of birth / /   | Age                  |  |  |  |  |  |
|                      | Marital status Male   | Female               |  |  |  |  |  |
|                      | Occupation  |                      |  |  |  |  |  |
| Doctor               | Name  |                      |  |  |  |  |  |
|                      | Address _   |                      |  |  |  |  |  |
|                      | -   |                      |  |  |  |  |  |
|                      | Are you a spouse, de facto partner or relat                                 | ive of the deceased? |  |  |  |  |  |
|                      | No  |                      |  |  |  |  |  |
|                      |   |                      |  |  |  |  |  |
|                      | Yes. Nature of relationship   |                      |  |  |  |  |  |

As at 30 Jun 2012 Version 03-d0-02 page 21

|                         | As far as you are aware, do you have a pecuniary interest in the deceased's estate or any other pecuniary interest in the deceased's death? |  |  |  |  |  |  |
|-------------------------|---|--|--|--|--|--|--|
|                         | No  |  |  |  |  |  |  |
|                         | Yes. Give details   |  |  |  |  |  |  |
|                         |   |  |  |  |  |  |  |
|                         | Were you the deceased's usual doctor?   |  |  |  |  |  |  |
|                         | No Yes  |  |  |  |  |  |  |
| Recent care of deceased | 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   |  |  |  |  |  |  |
|                         |   |  |  |  |  |  |  |

page 22 As at 30 Jun 2012

| Last illness   | Brief clinical history of last illness including diagnoses and events leading to death. |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|
|  |   |  |  |  |  |  |  |
| Details of death   | Date / /20 Time a.m./p.m.   |  |  |  |  |  |  |
|  | Place where the deceased died —   |  |  |  |  |  |  |
|  | Home  |  |  |  |  |  |  |
|  | Address   |  |  |  |  |  |  |
|  | Hospital  |  |  |  |  |  |  |
|  | Address   |  |  |  |  |  |  |
| Other  |   |  |  |  |  |  |  |
|  | Address   |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |
|  | Were you present when the deceased died?  |  |  |  |  |  |  |
|  | Yes   |  |  |  |  |  |  |
|  | No. When did you last see the deceased alive?   |  |  |  |  |  |  |
|  | Date / /20 Time a.m./p.m.   |  |  |  |  |  |  |
|  | Did you examine the deceased's body after death?  No                                    |  |  |  |  |  |  |
|  | Yes. Give details   |  |  |  |  |  |  |
| Do you have any reason to suppose that a further exact of the deceased's remains may be desirable? |   |  |  |  |  |  |  |
|  | No  |  |  |  |  |  |  |
|  | Yes. Give details   |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |

page 23

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

page 24 As at 30 Jun 2012

|                     | 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?  No  Yes. Give details |  |  |  |  |
|---------------------|--|--|--|--|--|
| Safety of cremation | At the time of death was the deceased fitted with a cardiac pacemaker, defibrillator or other battery operated implant or device?                              |  |  |  |  |
|                     | Yes. Has it been removed? Yes No   |  |  |  |  |

As at 30 Jun 2012 Version 03-d0-02
Extract from www.slp.wa.gov.au, see that website for further information page 25

| Had the deceased received any of the following radioactive treatments? |           |  |                     |  |  |
|--|-----------|--|---------------------|--|--|
| Palliation f   | or bone   | e metastases   |                     |  |  |
| • Strontium  | m-89 in   | jection during the 12 mon  | ths prior to death  |  |  |
| No   | Y         | es*  |                     |  |  |
| • Samariu  | m-153     | injection during the 3 wee   | ks prior to death   |  |  |
| No   | Y         | es*  |                     |  |  |
| • Rheniun  | n-188 iı  | njection during the week p   | rior to death       |  |  |
| No   | Y         | es*  |                     |  |  |
| Infusion for   | r liver c | ancer or metastases  |                     |  |  |
| • Yttrium-death  | -90 or F  | Rhenium-188 during the 2   | weeks prior to      |  |  |
| No   | Y         | es*  |                     |  |  |
| Therapy for<br>Hodgkin's   |           | d cancer, endocrine tumoi<br>ma  | urs, or non-        |  |  |
| • Iodine-1   | 31 (inje  | ection or oral) during the v   | veek prior to death |  |  |
| No   | Y         | es*  |                     |  |  |
|  | 25 seed   | nt (permanent) e.g. for production of the 12 moves at the 12 m |                     |  |  |
| * If yes —   | treatin   | the Radiation Safety Office institution for provision ation to the crematorium.  |                     |  |  |
| Are you aw unsafe?   | are of a  | anything else that could re  | nder cremation      |  |  |
| No   |           |  |                     |  |  |
| Yes  | Give de   | etails   |                     |  |  |
|  |           |  |                     |  |  |
|  |           |  |                     |  |  |

| Certification of medical practitioner | I certify that the information set out above is true and correct and that I have not omitted any relevant information. |
|---------------------------------------|--|
|                                       | Signature  |
|                                       | Date / /20   |

[Form 7 inserted in Gazette 29 Jun 2012 p. 2945-9.]

## 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   |
| Date of deathPlace of death  |
| It has been reported that the cause of death was (primary)   |
|  |
| (secondary)  |
| I certify that in my opinion the cause of death was as stated. I consider that no circumstance exists which can render necessary any further examination of the body, and that there is no reason why the body should not be cremated. |
| Dated at day of  |
| Coroner.   |
|  |

### Western Australia

#### Cremation Act 1929

#### PERMIT TO CREMATE

|   | No   |
|---|--|
| I,  | , a medical  |
|   | Cremation Act 1929, acting pursuant to the                             |
|   | e said Act and having received an application, for a permit to cremate |
| the remains of: —   | , for a permit to cremate  |
| 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 crema                                  | atorium in the State of Western Australia.                             |
| This permit shall not be valid unt of the deceased person to whom the per | til 24 hours have elapsed from the time of death mit refers.           |
| Dated this  | day of, 20,  |
|   | Medical Referee.   |
|   | wieuicai Keieree.  |
|   |  |

As at 30 Jun 2012 Version 03-d0-02 page 29

#### Western Australia

Cremation Act 1929

# NOTICE OF REFUSAL OF APPLICATION TO CREMATE

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

#### Western Australia

#### Cremation Act 1929

#### REGISTER OF CREMATIONS

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

As at 30 Jun 2012 Version 03-d0-02 page 31

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,  | n) |
| Crematorium,(place) do hereby certify that the body of  |    |
| (name of person cremated), late of  |    |
| (address of person cremated), who died on (date of deat   |    |
| was, in pursuance of Permit Noissued byissued by  |    |
| (medical referee) to (name of permit holder), of  |    |
|   |    |
| 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.]   |    |

Extract from www.slp.wa.gov.au, see that website for further information

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

(Regulation 20A)

| I,practitioner, being informed that application is the body of (name)   | is about to be made for a permit to cremate  |
|---|--|
| (address)   |  |
| (occupation)  | hereby certify that on   |
| (date), at (place   |  |
| I made a post mortem examination of all the the opinion as a result of such examination the natural causes, as follows:—  | at the death of the deceased resulted from   |
|   |  |
|   |  |
|   |  |
|   |  |
|   | Signature  |
|   | Address  |
|   | Qualifications   |
| Date  |  |
| No person who knows that under the terms of settlement, or statute or otherwise howsoever reason or in consequence of the death of anot shall give or sign any certificate concerning the purposes of this Act. | he is entitled or will become entitled by<br>her person to any real or personal property |

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

As at 30 Jun 2012 Version 03-d0-02 page 33

# 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.,<br>Monday to Friday inclusive, or 9 a.m. and noon on<br>a Saturday (public holidays excluded)  | 62.00            |
| (b) given at any other time  | 97.90            |
| [Appendix "B" inserted in Gazette 16 Nov 1973 p. 4220; a<br>Gazette 28 May 1976 p. 1579; 29 Jun 1984 p. 1781; 28 De<br>p. 4206; 27 May 1994 p. 2209; 29 Mar 1996 p. 1580; 2 Ap<br>p. 1580; 30 Jun 2000 p. 3406; 13 Apr 2010 p. 1373; 29 Jur<br>p. 2949.] | c 1984<br>r 1996 |

#### **Notes**

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. The table also contains information about any reprint.

#### **Compilation table**

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

As at 30 Jun 2012 Version 03-d0-02 page 35

| Citation   | Gazettal                  | Commencement   |
|--|---------------------------|--|
| Cremation Amendment<br>Regulations 2004                  | 30 Dec 2004<br>p. 6933    | 1 Jan 2005 (see r. 2 and <i>Gazette</i> 31 Dec 2004 p. 7130)   |
| Cremation Amendment<br>Regulations 2008                  | 4 Apr 2008<br>p. 1299-304 | 1 Jul 2008 (see r. 2)  |
| <b>Reprint 3: The </b> <i>Cremation Re</i> listed above) | egulations 1954 as at 1   | Aug 2008 (includes amendments  |
| Cremation Amendment<br>Regulations 2010                  | 13 Apr 2010<br>p. 1373    | r. 1 and 2: 13 Apr 2010<br>(see r. 2(a));<br>Regulations other than r. 1 and 2:<br>25 May 2010 (see r. 2(b)) |
| Cremation Amendment<br>Regulations 2012                  | 29 Jun 2012<br>p. 2944-9  | r. 1 and 2: 29 Jun 2012<br>(see r. 2(a));<br>Regulations other than r. 1 and 2:<br>30 Jun 2012 (see r. 2(b)) |

<sup>&</sup>lt;sup>2</sup> Repealed by the *Cemeteries Act 1986*.

page 36 Version 03-d0-02 As at 30 Jun 2012

<sup>&</sup>lt;sup>3</sup> Repealed by the Associations Incorporation Act 1987.

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

<sup>&</sup>lt;sup>5</sup> The commencement date referred to in r. 2 was before the date of gazettal.

## **Defined Terms**

# **Defined Terms**

| [This is a list of terms defined and the provisions where they are defined |
|--|
| The list is not part of the law.l  |

| The list is not            | pari oj ine iaw.j |
|----------------------------|-------------------|
| Defined Term               | Provision(s)      |
| nearest surviving relative | 3                 |