HE301*

Cremation Act 1929

Cremation Amendment Regulations 2012

Made by the Governor in Executive Council.

1. Citation

These regulations are the *Cremation Amendment Regulations 2012*.

2. Commencement

These regulations come into operation as follows —

(a) regulations 1 and 2 — on the day on which these regulations are published in the *Gazette*;

(b) the rest of the regulations — on the day after that day.

3. Regulations amended

These regulations amend the *Cremation Regulations 1954*.

4. Regulation 12 replaced

Delete regulation 12 and insert:

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.

5. Appendix "A" amended

In Appendix "A" delete Form 7 and insert:

Form 7

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

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

	Were you present when the deceased died? Yes No. When did you last see the deceased alive? Date / /20 Time a.m./p.m.
	Did you examine the deceased's body after death? No Yes. Give details _____
	Do you have any reason to suppose that a further examination of the deceased's remains may be desirable? No Yes. Give details _____
Cause of death *(* If a Medical Certificate of Cause of Death is attached, answers are not required to these questions.)*	Was a post mortem performed? No Yes. Give details of results _____ _____
	*Did you sign the Medical Certificate of Cause of Death? Yes No. Name of the doctor who signed the certificate _____
	*Direct cause of death _____
	*Antecedent causes of death (if any) _____
	*Conditions contributing to or accelerating death (if any) _____

Clinical observations	Do you know, or have reason to suspect, that the deceased's death was directly or indirectly due to any of the following? (*tick or circle if yes*) violence poison privation or neglect medical procedure drowning suffocation burns
	In view of the deceased's lifestyle and health, do you have any doubts about the character of the deceased's illness or cause of death? 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? No/Not known Yes. Has it been removed? Yes No
	Had the deceased received any of the following radioactive treatments? *Palliation for bone metastases* • Strontium-89 injection during the 12 months prior to death No Yes* • Samarium-153 injection during the 3 weeks prior to death No Yes* • Rhenium-188 injection during the week prior to death No Yes* *Infusion for liver cancer or metastases* • Yttrium-90 or Rhenium-188 during the 2 weeks prior to death No Yes* *Therapy for thyroid cancer, endocrine tumours, or non-Hodgkin's lymphoma* • Iodine-131 (injection or oral) during the week prior to death No Yes* *Radioactive implant (permanent) e.g. for prostate cancer* • Iodine-125 seed implant during the 12 months prior to death No Yes*

	* If yes — contact the Radiation Safety Officer/Physicist at the treating institution for provision of required information to the crematorium.
	Are you aware of anything else that could render cremation unsafe? No Yes Give details _____
Certification of medical practitioner	**I certify that the information set out above is true and correct and that I have not omitted any relevant information.**
	Signature
	Date / /20

6. Appendix "B" amended

In Appendix "B" delete "94.00" and insert:

97.90

By Command of the Governor,

N. HAGLEY, Clerk of the Executive Council.