Authorisation of cremation of deceased person by medical referee

Cremation 10
replacing Form F
01.09

Please complete this form in full, if a part does not apply enter 'N/A'.

Part 1 Details of the deceased

Full name

Address

Occupation or last occupation if retired or not in work at date of death

Part 2 Authorisation by medical referee

An application has been made for the cremation of the remains of the deceased.

I am satisfied that—

(a) the requirements of the Cremation (England and Wales) Regulations 2008 have been complied with;

(b) the inquiry/examination made by the persons who gave the relevant certificates has been adequate; and

(c) the fact and cause of death have been definitely ascertained or, if not ascertained, a coroner has opened an inquest.

Accordingly, I authorise the Registrar of the following crematorium to cremate the remains of the deceased within that crematorium—

Name of crematorium

Print your full name

Cremation authority

Signed

Dated

/ /

Regulation 23(1) of the Cremation (England and Wales) Regulations 2008