

Authorisation of cremation of body parts by medical referee

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

Part 1 The deceased/stillborn child

In the case of a stillborn child who has not been given a name, insert a description sufficient to identify the body.

Full name

Address

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Part 2 Authorisation by medical referee

An application has been made for the cremation of the body parts of the deceased/stillborn child.

I am satisfied that the requirements of the Cremation (England and Wales) Regulations 2008 have been complied with.

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

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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