

# Certificate releasing body parts for cremation

Cremation 8  
replacing Form DD

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

  
  
  
  
  
  
  
  
  
  

Age at date of death

Sex

Male

Female

Date of death

 /  / 

Place of death

## Part 2 Body parts for release

I confirm on behalf of (insert name and address of hospital trust or other authority lawfully holding the body parts)

that the following body parts are held in respect of the deceased:

Heart

Brain

Chest

Abdominal

(please specify)

other Organs

## Part 2 continued

<sup>1</sup> delete if  
not  
applicable

I certify that there is no reason for any further inquiry or examination concerning the above body parts and that they are [with the consent of the coroner for the following district]<sup>1</sup> now released for cremation in a suitably safe and prepared condition. I am aware that it is an offence to wilfully make a false statement with a view to procuring the cremation of any human remains.

Name of coroner's district (if applicable)

Your full name

Address

  

--	--	--	--	--	--	--	--

Registered qualifications

GMC reference number

Signed

Dated

		/			/				
--	--	---	--	--	---	--	--	--	--