



## GUIDANCE FOR CREMATORIUM MEDICAL REFEREES

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## SUMMARY OF GUIDANCE

- **All** questions on Forms Cremation 1, 4 and 5 should be answered.
- You *must* be satisfied that the applicant is entitled to sign and complete Form Cremation 1.
- It is your responsibility to check forms Cremation 4 and Cremation 5 thoroughly and to query any inconsistencies. Do not assume that the Form Cremation 5 doctor has properly checked Form Cremation 4.
- You should reject illegible forms.
- We consider that Form Cremation 4 should only be completed by a doctor who treated the deceased during the last illness and who had seen him or her within 14 days of death . and not by anyone else on that doctor's behalf. There may be more than one doctor treating a person on a hospital ward . or elsewhere during the last illness. If the main treating doctor has gone on leave or fallen ill it may be possible for another doctor to complete Form Cremation 4.
- Modes of death, e.g. %multi-organ failure+ or %heart attack+, are unacceptable as a cause of death; you should reject forms which do not have a proper cause of death.
- %Old age+ as a stand-alone cause of death for over 80s is acceptable for registration purposes, but you should explore the recent history with the Form Cremation 4 doctor and exercise caution.
- You should not be pressurised into accepting last minute applications; you should, however, be prepared to make yourself available at some stage during each working day.
- If a coroner has completed Form Cremation 6, you still need to check Form Cremation 1 to ensure that the proper person has applied for the cremation.
- If a coroner's office has been made aware of the case but has decided not to issue Form Cremation 6, you must make your own decision on whether to authorise the cremation, liaising with the coroner's office as necessary.
- You may order a post-mortem examination. You will, however, need the permission of the appropriate adult, and it should be made clear who will pay for the post-mortem before you issue instructions.
- You *must* give written reasons to the applicant if you reject an application.

- You *must* be satisfied that either a coroner has issued Form Cremation 6, or the death has been registered, or is not required to be registered.
- Form Cremation 5 doctors *must* be registered medical practitioners for at least 5 years and, if paragraph 10 of Schedule 1 to the Medical Act 1983 (Amendment) Order 2002 (S.I. 2002/3135) is in force, hold a licence to practice.
- Up-to-date information about the qualifications of European doctors is on the General Medical Council's website . see also **Annex A**.
- The Form Cremation 5 doctor cannot be a partner or colleague in the same practice or clinical team of the Form Cremation 4 doctor, or a relative of the deceased; the two doctors must be truly independent of one another, i.e. not on the same team in hospital or a locum at the same surgery.

## Introduction

1. You should familiarise yourself with the legislation under which you perform your duties. The Cremation Regulations 2008 come into effect on 1 January 2009. Forms 1 to 13 replace and add to forms A to H under previous Regulations. The old forms may still be used for a transitional period of one month, that is until 31 January 2009.

## Acts and Regulations

2. A copy of the 2008 Regulations (~~the Regulations~~) is attached to this Guidance.

## Functions:

3. Your functions as medical referee are set out in regulations 23 to 28 of the Cremation Regulations 2008, as follows:
  - Not to allow a cremation unless you are satisfied that the death has been properly registered, or is not required to be registered, or that a coroner has issued a certificate as set out in Form Cremation 6;
  - To be satisfied that the application and certificates are as required by the Regulations;
  - To be satisfied that adequate enquiries have been made by the doctors giving the certificates;
  - To be satisfied **either** that the application has been made by an executor or a near relative of the deceased, **or** that there is sufficient explanation why the application has not been made by an executor or near relative;
  - Not to allow the cremation unless you are satisfied that the fact and cause of death have been definitely ascertained, or if not so ascertained that the Coroner has investigated the death and no longer requires the body for further examination;
  - Power to request a pathologist to carry out a post-mortem examination if the cause of death has not been definitely ascertained or, in particular, the cause of death given on either Form Cremation 4 or Cremation 5 suggests that it might be due to poison, violence, an illegal operation, privation or neglect (in practice, these cases would normally be referred to the Coroner), subject to the consent of the appropriate person (as set out in Part 1 of the Human Tissue Act 2004) being obtained;
  - Not to allow the cremation if such a post-mortem examination fails to reveal the cause of death, unless an inquest has been opened and a coroner has issued Form Cremation 6;

- Not to allow the cremation if there are other suspicious circumstances connected to the death of the deceased, whether revealed in the medical certificates or otherwise, unless an inquest has been opened and a coroner has given form Cremation 6;
  - Not to allow the cremation until an inquest has been opened, if a coroner has given notice of his intention to open an inquest;
  - To make such reports to the Secretary of State as may from time to time be required;
  - To consider any representations from the applicant for cremation following his or her inspection of the medical certificates, and to refer the case to a coroner as necessary.
4. You should avoid any unnecessary delay to cremations but **it is essential that you ensure that no cremation takes place unless all the relevant forms have been properly completed in accordance with the Regulations.** You have the statutory power to reject inadequately completed forms, and you may refuse to authorise cremation until the forms have been completed satisfactorily. However, you must give your reasons if you refuse to authorise a cremation, and you should be aware that your decisions can be reviewed by the courts.

#### **Cremation Forms - General**

5. All the cremation forms can be downloaded from our website at [www.justice.gov.uk/cremation](http://www.justice.gov.uk/cremation). Non-statutory versions of these forms should not be used. Crematoria must not change in any way the wording of the form, and you should not authorise any cremation which uses such a form.

#### **Those who can sign Forms Cremation 4 and Cremation 5**

6. Regulation 17 of the Cremation Regulations requires the confirmatory medical certificate (Form Cremation 5) to be completed by a registered medical practitioner of at least 5 years standing. This means a registered medical practitioner who has been fully registered under the Medical Act 1983 for at least 5 years and, if paragraph 10 of Schedule 1 to the Medical Act 1983 (Amendment) Order 2002 has come into force, who has held a licence to practice for at least 5 years or since that paragraph came into force. All doctors signing these forms must be registered with the General Medical Council. In cases of doubt advice from the GMC's Contact Centre should be sought (Tel: 0161 923 6602).

### *Overseas doctors*

7. Overseas doctors who are fully registered in the UK may sign Form Cremation 4 or, if fully registered in the UK for 5 years or more, may sign Form Cremation 5. Otherwise, it will depend on whether the doctor comes from and qualified outside the European Economic Area (EEA) or within it.
8. EC Directive 2005/36/EC (recognition of medical qualifications) have replaced earlier directives. Unlike previous Directives, the current Directive extends the principle of mutual recognition of professional qualifications to those awarded outside the EEA if the holder of a ~~third~~ country qualification is an exempt person (i.e. a national of a relevant European State or entitled to be treated as such) and has three years professional experience in the profession concerned on the territory of the relevant European State that initially recognised the qualification. (a list of the EEA member states and the places where primary European qualifications are obtained is at **Annex A**). Details of qualifications gained outside the EEA will need to be checked with the GMC.
9. A national of any EEA member state holding a primary European qualification is entitled to be registered in the UK as a fully registered medical practitioner. Experience acquired under the primary European qualification outside the UK should count towards any period of registration. Accordingly, an overseas doctor who has a primary European qualification in an EEA member state may sign a Form Cremation 5, provided he or she has held the qualification for five years and is registered in the UK. It may occasionally be necessary to ascertain the date and place of the qualification with the doctor concerned. If you have any doubt, you should check with the General Medical Council. Details of a doctor's qualification are published in the List of Registered Medical Practitioners which can be accessed through the GMC website. [Information about EEA medical schools can be found at [www.iime.org/database/europe](http://www.iime.org/database/europe).]

### *Corroboration of cause of death*

10. Regulation 17 also requires that the registered medical practitioner who completes the confirmatory medical certificate (Form Cremation 5) must not be a relative of the deceased, or a relative, colleague or partner in the same practice or clinical team of the doctor who has completed the cremation certificate in Form Cremation 4. The same medical practitioner may not issue both Forms Cremation 4 and Cremation 5. Nor should the medical referee sign Form Cremation 5 except in an emergency.
11. The purpose of requiring two independent doctors to complete separate Forms Cremation 4 and Cremation 5 is to provide corroboration of the medical circumstances in which death took place.

Accordingly, the doctors must be truly independent of one another. You must be satisfied that the doctors who complete Forms Cremation 4 and Cremation 5 are sufficiently independent of each other in all cases. **The fact that it may sometimes be difficult to find an independent doctor is never a sufficient reason for failing to do so.** Furthermore, outside the hospital setting, and particularly within the care-home setting, the patient's GP should not sign Form Cremation 5.

12. Similarly, where a junior hospital doctor has completed the certificate in Form Cremation 4, the doctor who completes the Form Cremation 5 should not have been in charge of the case, nor directly involved in the patient's treatment. Criminal and General Medical Council proceedings have been successfully brought against doctors who have falsely completed the forms.

### *Dentists*

13. Dentists are not qualified to complete cremation certificates.

## **Completion of Forms Cremation 1, Cremation 4 and Cremation 5:**

### **General**

14. It is essential that:
  - All forms are completed in full
  - All questions are answered
  - No questions are deleted
  - The forms are written in legible handwriting
  - Any discrepancies between the forms as to the date and time of death are resolved.
15. Discrepancies as to date and time of death give particular cause for concern and you should always challenge them. It may, for example, be explained that the doctor saw the deceased, and only verified death, many hours after the family believe death occurred. This explanation should not be accepted without confirmation from all parties
16. Abbreviations for causes of death are unacceptable where they are unclear, unusual or ambiguous; in such cases, you should make further enquiries of the doctor concerned. There must be a hand-written signature, not an abbreviation or a stamp. It is for the doctor concerned to complete the certificate and not for another person to do so on his or her behalf. The doctor completing the confirmatory certificate should not seek to amend the certificate of the attending doctor, but should instead record any differences (e.g. as to the cause of death) on his or her own certificate, with an explanation of any differences.

17. It is for you to decide whether the information provided on the certificate allows you to authorise the cremation, with or without further enquiry. If there has been insufficient enquiry or there is an unclear cause of death, you are likely to need to make further enquiries of one or both doctors and in some cases the applicant.

**Form Cremation 1: Application for cremation: the right of inspection (replacing form A)**

18. There is no need for a counter-signature.
19. The application should be made by an executor or a near relative of the deceased. Where it is not, enquiries should be made to ascertain either that efforts to identify any executor or near relative have failed, or that the executor or near relative do not oppose the application, or wish to make the application themselves. In some cases, the next of kin will be described as being too upset to make the application personally and will have delegated this responsibility to another member of the family. This is understandable, but you may still need to make further enquiries to establish the true position.
20. The main additional question on Form Cremation 1 relates to the new right of inspection of forms Cremation 4 and Cremation 5. This is an important Shipman-related reform: the families of Shipman's victims believed that if they had had seen the cremation forms he had completed about their relative they would have recognised that the information was wrong, and he would have been exposed much sooner. You will not necessarily be involved in the process, but you may sometimes be asked to explain to applicants the answers on the Form. You may also need to take account of any concerns the applicant may have about the accuracy of the information on the forms, in case you have to refer the case to a coroner or for other investigation. The main purpose of the applicant's right of inspection is to identify areas of concern which might require further investigation. The applicant's right to inspect the forms should not depend upon whether he or she is willing to pay a fee to the referee for a medical explanation of the cause of death.

**Form Cremation 2: Application for disposal of body parts (replacing form AA)**

21. Broadly similar considerations apply to Form Cremation 2 as to Form Cremation 1 (see paragraphs 18 to 20 above). There is **no** right of inspection of any of the forms relating to body parts.

**Form Cremation 3: Application for cremation of remains of stillborn baby**

22. The 1930 Regulations had no statutory application forms in respect of a stillborn baby and we are aware that cremations took place solely on

the basis of a registration document. The cremation of a stillborn baby will now require an application form, as well as either a form completed by a medical practitioner or midwife (see paragraph 46 below) or a declaration given by a person who can give information about the birth. It is expected that either one of the parents will complete this form, or a hospital bereavement officer will do so.

23. As there is no cause of death to investigate, the applicant has no right to inspect the medical form (Form Cremation 9). You need to be satisfied, as with Form Cremation 1, that the applicant is entitled to make the application and also that there is nothing contained within the information on the forms provided to suggest that the infant was not live-born.

#### **Form Cremation 4: Medical certificate (replacing form B)**

QUESTION 5: %USUAL MEDICAL PRACTITIONER?+

24. With a few exceptions, the usual medical practitioner is taken to be the deceased's general practitioner. Where the deceased has been an in-patient in hospital for a short period of time, in our view under 24 hours, the patient's GP, rather than the hospital doctor who attended him or her for a majority of this period, should be regarded as the usual medical practitioner.

QUESTION 6: %PLEASE STATE FOR HOW LONG YOU ATTENDED THE DECEASED DURING THEIR LAST ILLNESS?+

25. The certifying doctor should have attended the deceased during his or her last illness. In the primary care setting, the deceased should have been treated by the certifying doctor during the days before the death. A general practitioner colleague may certify if he or she had seen the deceased outside the normally acceptable period (14 days) and the attending partner is unavailable although it is likely that such cases will have been discussed with a coroner. It should never be acceptable for the certifying doctor to have seen the body only after death and not treated the deceased during the last illness.
26. The minimum period of hospital care sufficient to meet the attendance requirement is normally 24 hours before death, unless it is a readmission, or a coroner has been informed. You may need to make enquiries to ascertain that the coroner's position has been established.

QUESTION 7: %PLEASE STATE THE NUMBER OF DAYS AND HOURS BEFORE THE DECEASED'S DEATH THAT YOU LAST SAW THEM ALIVE?+

27. The normal expectation is that the deceased will have been seen within 14 days before death; otherwise you should be satisfied that a coroner is aware of the case and is satisfied that no further investigation is

necessary. You may accept a more extended period in a hospice or palliative care setting, if named nurses are available for consultation.

QUESTION 8: PLEASE STATE THE DATE AND TIME THAT YOU SAW THE BODY OF THE DECEASED AND THE EXAMINATION YOU MADE OF THE BODY

28. Where there has been a non-coronial consented (or hospital) post-mortem examination carried out by the certifying medical attendant this should be indicated here and the cause of death in Question 10 will then be the findings of the examination. If there has been such a post-mortem examination performed by a registered medical practitioner of at least 5 years standing (or, if not, was supervised by such a medical practitioner) the confirmatory medical certificate (Form Cremation 5) need not be completed.

QUESTION 9: DESCRIPTION OF SYMPTOMS AND OTHER CONDITIONS

29. This is a new section in free-text form, which gives the doctor an opportunity to explain how he or she arrived at the cause of death. The doctor should always refer to his or her medical notes, as well as his or her own observations as to the condition of the deceased. You should make further enquiries of the treating doctor if satisfactory explanations are not provided in this section.

QUESTION 11: CAUSE OF DEATH

30. You must ensure that all sections of this question have been answered. **A mode of death on its own is never acceptable.** The failure of an organ needs to explain the cause of that failure.

QUESTION 12 AND 13: OPERATIONS

31. The answers to these questions are intended both to identify possible surgical mishaps (although such deaths should have been referred to a coroner to investigate), and to indicate diagnostic procedures which contributed to the cause of death. If surgical procedures of potential significance are not included, this may call into question the reliability of the certificate.

QUESTIONS 14, 15 AND 16: THOSE NURSING THE DECEASED OR PRESENT AT THE DEATH

32. These questions are intended to help in gathering confirmatory information. Specific names (and contact details) should be given, as they will assist both the confirmatory doctor and you. Indeed, an unnamed nurse or family member with no contact details is unlikely to be of any value.

QUESTIONS 17, 18 AND 19: BACKGROUND AND CIRCUMSTANCES

33. These questions are likely to be answered in the negative, but if not they will invariably prompt further investigation and, in many cases, reference to a coroner.

QUESTIONS 20 AND 21 . REFERRAL TO A CORONER/CORONER'S OFFICE

34. If you are wholly satisfied as to the cause of death, you do not need to pursue any coronial investigation further. However, in cases of doubt you may wish to discuss the case further with a coroner or his or her staff. It is for you to be quite satisfied as to the cause of death before authorising cremation.

QUESTION 22 . REGISTRATION OF DEATH

35. In the majority of cases where the doctor registering the death has also completed Form Cremation 4, you are unlikely to need to make further enquiries about the registration. However, if the answer is 'no', the confirmatory doctor (or you) should enquire of the doctor who has signed the medical certificate of the cause of death, in order to ensure that any possible discrepancies or uncertainties are resolved.

QUESTION 23 . REMOVAL OF IMPLANTS

36. Some implants may cause damage to the cremator, and may even be a serious health and safety risk if they explode. Fixion nail implants, inserted under pressure into bones, are of particular concern on health and safety grounds. You must be satisfied that any implant remaining within the body of the deceased is safe . otherwise it must be removed. Plastic hip joints, for example, are understood to cause no problem.

PART 3 . STATEMENT OF TRUTH

37. In cases of doubt (particularly where the form has been poorly completed), you should check the registered qualifications and the General Medical Council reference number on the General Medical Council's web-site. All signatories must be registered medical practitioners, although the date of registration is immaterial.

**Form Cremation 5: Confirmatory Medical Certificate (replacing form C)**

38. Form Cremation 5 must be completed, unless the categories in Regulations 16(c)(iii), 17(3), 18 or 24(2) apply, i.e. when a coroner has issued Form Cremation 6, there has been an anatomical examination of the body or there has been a consented post-mortem examination as described above (see paragraph 28). If Form Cremation 5 has been completed where there was no need for it, you should draw this to the attention of the doctor concerned, so that any fee paid may be refunded. You should also ask the funeral director to ensure that the applicant is not charged a fee for this unnecessary service.

39. The cause of death on Form Cremation 5 does not need to be the same as the one given on Form Cremation 4, but you should make enquiries about any discrepancy.
40. There should also be an **affirmative** answer to at least one of questions 2 to 5. This should not introduce significant delay to the completion of Form Cremation 4 or to the funeral arrangements. Nevertheless, Question 2 should be answered in the affirmative **only if** the signatory of Form Cremation 4 has questioned a medical practitioner **other than** the signatory of Form Cremation 3. It should be clear in response to each question whether the Form Cremation 4 doctor has spoken face-to-face to the other person or on the telephone.

#### **Form Cremation 6: Certificate of Coroner (replacing form E)**

41. A coroner must be notified if any suspicious circumstances come to your attention. Where a coroner has been consulted by the signatories of either Form Cremation 4 or Form Cremation 5, or by you, and the coroner considers that his/her involvement is unnecessary, the medical practitioner concerned or you, as appropriate, should record this next to Question 21 of Form Cremation 4, or after Question 7 of Form Cremation 5, or on a blank space on Form Cremation 8.
42. Coroners and medical referees sometimes take a different view about what is an acceptable or appropriate cause of death. You are not bound to accept the view of the coroner and may refuse to authorise cremation if you do not consider that you can. In such cases, you should advise the coroner of your decision and consider whether a post- mortem examination is necessary (see paragraphs 49 and 50).

#### **Form Cremation 7: Anatomical Examination (replacing form H)**

43. The relatives or executors of the deceased may apply for the cremation of a body which has been subject to anatomical examination in accordance with the Human Tissue Act 2004 or the previous Anatomy Acts, using Form Cremation 1 accompanied by Form Cremation.7. Alternatively, the authorities of the School of Anatomy or other such licensed institution may make the application. In these cases, you should be satisfied that the appropriate person has signed the application and that there is a satisfactory reason why the executor or near relative has not made the application. Where there is any doubt, you should make enquiries to ascertain whether efforts to identify any executor or near relative have failed, or whether the executor or near relative do not oppose the application, but do not wish to make the application themselves.
44. Application may occasionally be made for the cremation of parts remaining from a body donated under the provisions of the Human Tissue Act 2004 (or the legislation which that Act superseded) and which has already been separately cremated. Provided the retained

body parts were removed in the course of the examination of the donated body, we take the view that it is reasonable to cremate on the authority of the existing Form Cremation 7.

**Form Cremation 8: Certificate releasing body parts for cremation (replacing form DD)**

45. Regulation 19 deals with the cremation of body parts removed following a post-mortem examination. Body parts may also be incinerated as desired and the medical referee will have no involvement in such cases. You will need to examine this form, together with the application form (Form Cremation 2) and to be satisfied that registration of the deceased has taken place [or a coroner has issued Form Cremation 6 in relation to this death].

**Form Cremation 9: Certificate of stillbirth**

46. You should be satisfied that the information on this form matches that on the application form for stillbirth (Form Cremation 3). Form Cremation 9 may be completed by either a registered medical practitioner or a registered midwife. In cases of doubt, you may wish to check registration with the appropriate governing body, either the General Medical Council or the Nursing and Midwifery Council.

**Forms Cremation 10 (replacing form F), Cremation 12 (replacing form FF) and Cremation 13: Medical referee's authority to cremate**

47. When completing these forms, you should check the details of the name, address and occupation of the deceased against those on the other forms and registration document, if any, and query any discrepancies before you authorise cremation. The occupation of the deceased, combined with the apparent cause of death, may indicate that the person had died from an industrial disease. If you are concerned that this has been overlooked it may be helpful to discuss the matter with a coroner, as any failure accurately to record this information may have an impact on any outstanding industrial disease compensation claims. You should have some local knowledge of the industrial processes which take place, or have taken place, in your area. The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (1995 No 3163) lists industrial diseases which have to be reported. An electronic copy of these regulations is at [http://www.opsi.gov.uk/SI/si1995/Uksi\\_19953163\\_en\\_1.htm](http://www.opsi.gov.uk/SI/si1995/Uksi_19953163_en_1.htm).

48. You must always complete Part 2 of Form Cremation 10, 12 or 13.

**Form Cremation 11: Certificate after Post-Mortem Examination (replacing form D)**

49. On very rare occasions, the information on the forms (usually Cremation 4 and Cremation 5 if completed) may remain unsatisfactory and a coroner may be unwilling either to open an inquest or order a

post-mortem examination. You may then refuse to authorise the cremation, giving your reasons. However, the family may still wish to have the body cremated. The only available option would then be for you to arrange for a post-mortem examination performed by a pathologist of your own or the cremation authority's choice, under Regulation 24(2). Any post-mortem must be carried out under the authority of a licence issued under the Human Tissue Act 2004.

50. In all cases of this kind, the consent of the family must be obtained as set out in the Human Tissue Act 2004. Although the Act provides for the deceased to have given consent for a post-mortem examination whilst still alive, this is likely to be uncommon. It will otherwise be necessary for the pathologist to be satisfied that an appropriate adult has a *qualifying relationship* with the deceased person, which is defined by section 54 of the 2004 Act as meaning a spouse, civil partner, parent, child, brother, sister, grandparent, grandchild, child of a brother or sister, stepfather, stepmother, half-brother, half-sister and friend of long standing. Any decision about any fee for the post-mortem examination will need to be agreed between the appropriate adult and other family members and the cremation authority. Subject to the number of tests required the fee may be quite substantial

## **Other matters**

### *Causes of death – old age*

51. The General Register Office advises that in certain circumstances, and if the deceased is over 80 years of age, *old age* may be an acceptable cause of death on medical certificates. *Old age* alone, however, is unlikely to be an acceptable cause for cremation purposes, as you must be satisfied that the cause of death has been definitely ascertained. *Old age* is commonly given as a cause of death where the deceased has been suffering from a number of conditions leading to death, but where it has not been possible to decide which particular condition led to the death. We cannot offer substantive guidance on a matter which is ultimately a clinical decision by the certifying doctor or doctors. However, you should be satisfied that that *old age* is an appropriate cause of death in all the circumstances. It cannot be used where the cause of death is properly *unascertained* and which should on that account be referred to a coroner.

### *Deaths Abroad*

52. Where someone dies abroad and the body is repatriated to England or Wales for cremation, special arrangements apply, as set out under Regulation 14 of the Regulations.
53. Where someone dies in Scotland, you may accept the equivalent of the cremation application forms and those forms issued under the

- regulations applicable in Scotland. At present, these forms are those made under the Cremation (Scotland) Regulations 1935, as amended.
54. Where someone dies outside England, Wales or Scotland (but not Northern Ireland, the Isle of Man or the Channel Islands . see paragraph 55 below), you may accept an application form containing the particulars requested in Form Cremation 1, if this is accompanied by a declaration by the applicant that all particulars are true to the best of his or her knowledge and belief.
55. Where someone dies in Northern Ireland, the Isle of Man or the Channel Islands, you may accept certificates if they are substantially similar to Forms Cremation 4, 5, 6 and 7 and given in accordance with the law relating to cremation in force in Northern Ireland (i.e. the Cremation (Belfast) Regulations (Northern Ireland) 1961); the Isle of Man (Cremation Regulations 2000), the Bailiwick of Jersey or the Bailiwick of Guernsey, as the case may be.
56. In practice, most applications for cremation in relation to deaths outside the United Kingdom will require a Form Cremation 6 from a coroner, who will examine the relevant foreign documents including the death certificate. The coroner will need to be satisfied that the cause of death has been ascertained or it will be necessary to hold an inquest. You are not expected to investigate deaths of this kind.

#### *Stillbirths outside England and Wales*

57. In the case of stillbirths outside England and Wales, you may accept under Regulation 14(4) a medical certificate of stillbirth given by a registered medical practitioner or registered midwife (or a person entitled to practice as a medical practitioner or midwife) in the place where the stillbirth occurred. You would do this after making such enquiries as you consider necessary, provided you are satisfied that the baby was stillborn and that there is no reason for further examination. In the case of stillbirths in Scotland, if cremation is authorised on presentation of a certificate of registration under the hand to the Registrar of Births, Deaths and Marriages in the form of Schedule 8 appended to the Registration of Births, Still-births, Deaths and Marriages (Prescription of Forms) (Scotland) Regulations 1965, the General Register Office for Scotland should be notified (at New Register House, Edinburgh EH1 3YT) to ensure that the stillbirth is registered in Scotland.

#### *Unidentified Remains*

58. You should not consider applications for the cremation of unidentified remains unless a coroner's Form Cremation 6 has been produced. The circumstances which make it impossible to identify the remains will also require the death to be reported to a coroner and adequate enquiry will then have taken place.

*Cremation of non-viable foetal remains*

59. Foetal remains under 24 weeks gestation are not subject to the provisions of the Cremation Act or Regulations, although most crematoria will be prepared to cremate such remains at their discretion. You should not complete a Form Cremation 9 to authorise their cremation. If you are asked by crematoria managers and staff for professional advice on an application to cremate pre-viable foetuses, it is entirely a matter for you whether you provide such advice.

## EUROPEAN ECONOMIC AREA

### European Union Members: Universities where Primary European Qualifications can be obtained within each state

**Austria** . Graz, Innsbruck, Salzburg, Salzburg (Paracelsus), Vienna (Wien)

**Belgium** . Antwerp, Brussels, Diepenbeek (Limburg), Gent, Louvain (Leuven), Liege, Mons, Namur

**Bulgaria** . Pleven, Plovdiv, Sofia, Trakia (Thrace), Varna

**Cyprus** . Medical Council of Cyprus (equivalent to General Medical Council)

**Czech Republic** . Brno (Masaryk Univ.), Hradec Kralove, Pilsen, Prague (Charles University), Olomouc

**Denmark** . Aarhus, Copenhagen, Syddansk (Odense),

**Estonia** . Tartu

**Finland** . Helsinki, Kuopio, Oulu, Tampere, Turku

**France** . Aix-Marseille, Amiens (Jules Verne), Angers, Besançon (Franche-Comté), Bordeaux (Victor Segalen), Brest (Bretagne), Caen, Clermont-Ferrand (Auvergne), Dijon, Grenoble, Univ Scientifique et Medicale Grenoble, Lille, Henri Warembourg de Lille, Limoges, Lyon-Sud, Lyon (Univ Claude-Bernard), Lyon (Alexis-Carrel), Montpellier-Nimes, Nancy, Nantes, Nice, Paris (Denis Diderot), Paris (Pierre et Marie Curie), Paris (René Descartes), Paris-Sud, Paris Val de Marne (Creteil), Poitiers, Reims, Rennes, Rouen, St Etienne, Strasbourg, Toulouse, Tours,

**Germany** . Aachen, Berlin (Freiuniversität), Berlin (Humboldt), Bochum, Bonn, Dresden, Düsseldorf, Erlangen-Nürnberg, Essen, Frankfurt-am-Main, Freiburg im Breisgau, Giessen, Göttingen, Greifswald, Halle/Wittenberg, Hamburg, Hannover, Heidelberg, Homburg, Jena, Kiel, Köln (Cologne), Leipzig, Lübeck, Magdeburg, Mainz, Mannheim, Marburg, München (Ludwig-Maximilians), München (Technische), Münster, Regensburg, Rostock, Ulm, Witten-Herdecke, Tübingen, Würzburg.

**Greece** . Alexandroupolis (Thrace), Athens (National), Crete, Ioannina, Patras, Larissa (Thessaly) Thessaloniki,

**Hungary** . Semmelweis/Budapest, Debrecen, Pécs, Szeged

**Iceland** . Reykjavik

**Ireland** . Cork, Dublin (RCS), University College Dublin, Galway,

**Italy** . Ancona, Bari, Bologna, Brescia, Cagliari, Catania, Catanzaro (Reggio-Calabria), Chieti (Da Annunzio), Ferrara, Firenze, Genova, Messina, Milano, Modena, Napoli, Napoli (Federico II), Padova, Palermo, Parma, Pavia, Perugia, Pisa, Roma, Rome (Campus Bio-Medico), Sassari, Siena, Torino, Trieste, Udine, Varese, Verona

**Latvia** . Riga (Stradins), Univ of Latvia (Riga)

**Liechtenstein** . Nil

**Lithuania** . Kaunas, Vilnius

**Luxembourg** . Nil

**Malta** . Univ of Malta (Msida)

**Netherlands** . Amsterdam, Amsterdam (Vrije) Groningen, Leiden, Maastricht, Nijmegen, Rotterdam (Erasmus), Utrecht,

**Norway** . Bergen, Oslo, Tromsø, Trondheim

**Poland** . Bialystok, Bydgoszcz, Gdansk, Krakow (Jagiellonian), Lodz (Military), Lublin, Poznan, Szczecin, Warsaw (Academy and Postgraduate), Wroclaw

**Portugal** . Beira, Coimbra, Lisbon, Porto (Abel Salazar) Porto

**Romania** . Arad, Brasov, Bucharest, Cluj-Napoca, Constanta, Craiova, Iasi, Muras, Oradea, Sibiu, Targu Timisoara,

**Slovakia** . Bratislava, Kosice,

**Slovenia** . Ljubljana

**Spain** . Albacete (Castillo la Mancha), Alcalá, Alicante, Badajoz (Extremadura), Barcelona, Barcelona (Autonoma), Barcelona (Pompeu Fabra), Cádiz, Córdoba, Granada, La Laguna Las Palmas de Gran Canaria, Lleida, Madrid (San Pablo), Madrid (Autonoma), Madrid (Complutense), Málaga Murcia, Pamplona (Navarra), Oviedo, Reus (Tarragona/Rovira Virgili) Salamanca, San Sebastian (Pais Vasco), Santa Cruz de Tenerife, Santander (Cantabria), Sevilla, Tenerife, Valencia, Valladolid, Zaragoza,

**Sweden** . Göteborg, Linköping, Lund, Stockholm (Karolinska), Umeå, Uppsala

**Switzerland\*** . Basel, Bern, Genève, Lausanne, Zürich

**United Kingdom** . 5 years registration required wherever qualified

\*Swiss nationals benefit from EC freedom of movement legislation under the terms of bilateral agreement, signed on 1 June 2002