

# Authorisation of cremation of stillborn child by medical referee

Cremation 13  
introduced in 2009

01.09

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

---

## Part 1 The stillborn child

Full name of child or description

Sex

Male       Female

## Part 2 Authorisation by medical referee

An application has been made for the cremation of the stillborn child.

I am satisfied that:

- (a) the requirements of the Cremation (England and Wales) Regulations 2008 have been complied with;
- (b) the examination made by the person who gave the relevant certificate has been adequate; and
- (c) there is no reason for further examination.

Accordingly, I authorise the Registrar of the following crematorium to cremate the stillborn child within that crematorium:

Name of crematorium

Print your full name

Cremation authority

Signed

Dated

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