



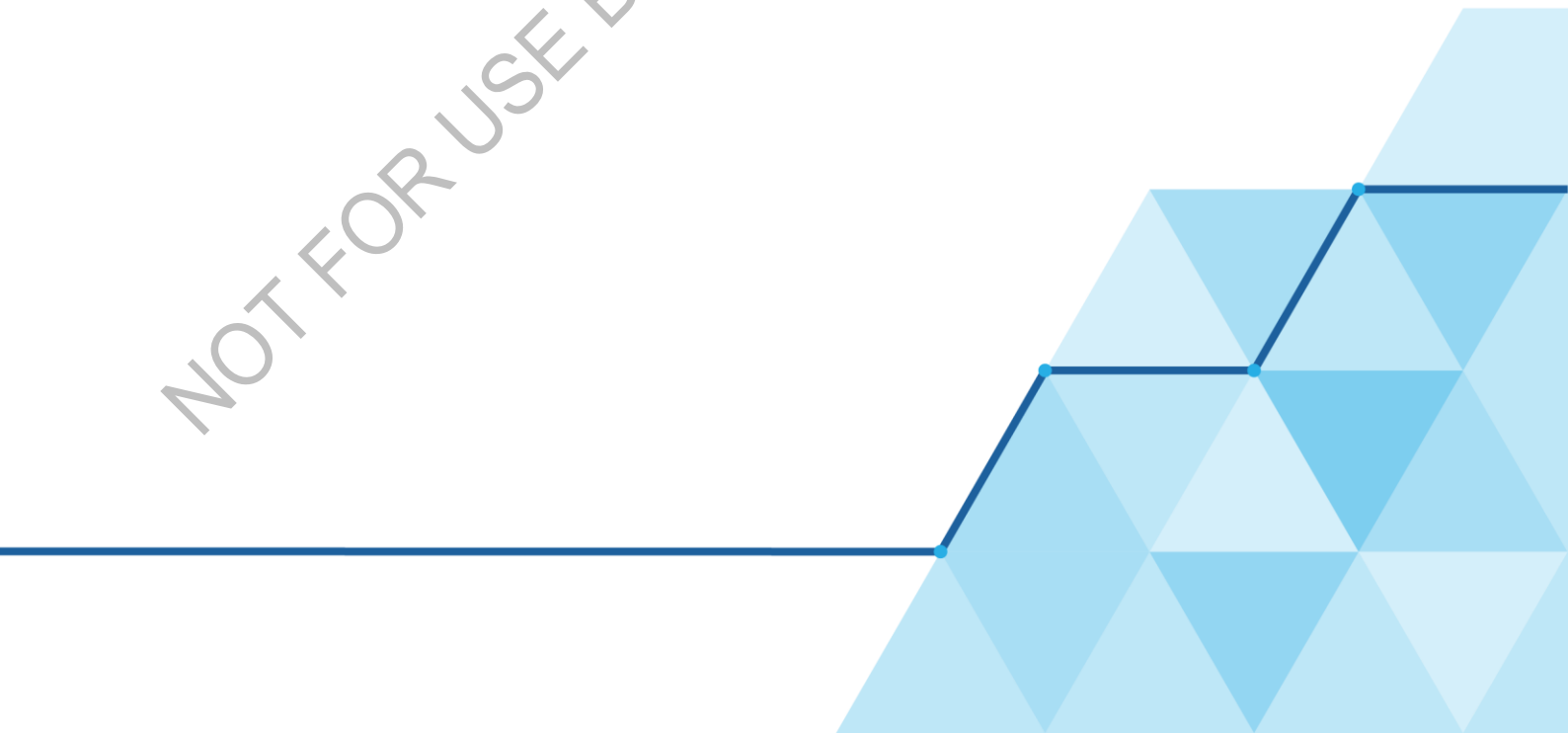
Ministry
of Justice

The Cremation (England and Wales) Regulations 2008

Guidance for cremation authorities and crematorium managers

September 2024

NOT FOR USE BEFORE 9 SEPTEMBER 2024



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Introduction

1. This guidance is for **crematorium authorities and crematorium managers** and sets out **how they should carry out their duties under the Cremation (England and Wales) 2008 Regulations**.
2. References to 'the 2008 regulations' in this documents relate to the Cremation (England and Wales) Regulations 2008 as amended by the Cremation, Coroners and Notification of Deaths (England and Wales) (Amendment) Regulations 2024 which are available at this link; [The Cremation \(England and Wales\) Regulations 2008 \(legislation.gov.uk\)](https://www.legislation.gov.uk).
3. This guidance has been updated in the light of the new statutory death certification process and attendant changes which came into effect on 9 September 2024.

Death Certification Reform and the Medical Examiner System

Death Certification Reform: a summary of the changes

4. The new statutory death certification process came into effect on 9 September 2024. Under this system, all deaths in England and Wales are independently scrutinised, either by a relevant coroner¹ or by a Medical Examiner (ME). An ME is a senior medical doctor who provides independent scrutiny of all non-coronial deaths.
5. **One of the key changes relates to the eligibility for completing the Medical Certificate of Cause of Death (MCCD).** Under the new system, in cases not involving a coroner, stillbirths, body parts or anatomical research, **a registered medical practitioner will be eligible to be an attending practitioner and complete an MCCD, if they have attended the deceased person in their lifetime.** The attending practitioner will propose a cause of death, where they have been able to establish it to the best of their knowledge and belief. This change represents a simplification of the previous attendance criteria. This is reflected in the Medical Certificate of Cause of Death Regulations 2024 and a minor amendment has also been made to the Notification of Deaths Regulations 2019 to reflect this.
6. **Another change relates to information about implantable medical devices.** The existence of **implantable medical devices** is now recorded on the MCCD by the registered attending practitioner. This information will be transferred to the registrar who will add it on to a form that will be accompanying the Certificate for Burial or Cremation, also known as ‘the green form’ which is generated by the registrar. The information on the accompanying form will be shared and passed on by the family of the deceased person to the burial authority or crematorium – who will now consistently be informed of the presence of any implantable medical devices in the deceased person. You should note that it is not possible for a registered medical practitioner to select the box ‘don’t know’ on the MCCD, so this will not appear on the form accompanying the green form, and when the form is next amended redundant content like this will be removed.
7. **Another key change relates to the role of the ME:** An ME is a senior medical practitioner who **provides independent scrutiny of the cause of death proposed by**

¹ Statutory provisions typically refer to ‘senior coroner’. However there is also statutory provision for area and assistant coroners to exercise the powers and undertake the duties of a senior coroner. Therefore, for ease of reference, the generic term ‘coroner’ is used throughout this guidance.

the registered attending practitioner. MEs are supported by Medical Examiner Officers (MEOs), and their independent scrutiny includes a review of medical records, an interaction with the registered attending practitioner completing the MCCD, and offering representatives of the deceased person the opportunity to ask questions and raise any concerns.

Changes to documentation:

8. Many of the existing regulations governing cremations are unaffected by the recent death certification reform. However, it is important to note that:
- The requirement for a **medical certificate (form Cremation 4)** has been permanently removed for cases in England and Wales, and a **confirmatory medical certificate (form Cremation 5)** has been permanently removed.
 - **The right of the applicant to inspect the medical certificate (form Cremation 4) before the Medical Referee (MR) authorises the cremation has been removed as this form will no longer exist.** However, as explained at paragraph 7 above, MEs will offer representatives of the deceased person the opportunity to ask questions and raise concerns about the cause of death at an earlier stage.
 - **Form Cremation 1 has been amended** – see paragraph 37 below.
 - **Fields on the presence of implantable medical devices have been added to form Cremation 6** – see paragraph 68 below.
 - **Form Cremation 10 has been amended** – see paragraph 80 below.
 - **For deaths in the rest of the British Isles (excluding England and Wales) the 2008 Regulations as they stood prior to the 2024 amendments will continue to apply, and the forms issued in 2018 are to be used. A version of the 2008 Regulations without the 2024 amendments are available at this link:**
<https://www.gov.uk/government/collections/cremation-forms-and-guidance>.

The new process for deaths in England and Wales

9. A registered medical practitioner will propose a cause of death which will be independently scrutinised by an ME after reviewing relevant medical records.
10. The ME will offer the bereaved an opportunity to ask questions and raise concerns.
11. Once the registered medical practitioner and the ME have made their declarations and the cause of death is finalised, and if there is no requirement to notify the relevant coroner, the MCCD is sent to the registrar's office; this notification will also start the 5-day target to register the death. It will not be possible for a death to be registered in non-coronial cases without the ME approving the MCCD.

12. The registration informant, who is the person who provides the information regarding the deceased person, other than the cause of death, to the registrar, is simultaneously notified so that they can contact the register office in order to get the death registered.
13. The informant contacts the register office and the arrangements are made to register the death.
14. Where requested, the registrar produces one or more certified copies of the death entry in the register also known as a Death Certificate for the representative of the deceased person to purchase.
15. The registrar issues a Certificate for Burial or Cremation (the 'green form') to facilitate the funeral arrangements – as part of this process they will also pass on medical information provided by the registered medical practitioner in relation to implants, but they have no role in making any decisions relating to this data.²
16. **Note on the role of MRs in the new system:** There is a statutory obligation in regulation 6 of the Cremation (England and Wales) Regulations 2008 which means that at present, all cremation authorities must have an MR and as many Deputy MRs as the Secretary of State thinks appropriate. The government has committed to ensuring a transitional period while MEs are introduced. During this time, there will be both MEs and MRs. We will provide adequate notice for any changes to ensure that everyone in the system is prepared for the new processes. We will be making an announcement in due course about what changes will be required and we will update this guidance as appropriate.

² Any queries about the information on the form should be raised with either the registered medical practitioner or ME.

The role of the cremation authorities and crematorium manager

17. Under the 2008 Regulations, cremation authorities must:

- Nominate appropriate persons to be an MR or Deputy MR to the Secretary of State.
- At least one month before it opens or closes a crematorium, give written notice of the intention to do so to the Secretary of State.
- Ensure that a crematorium is:
 1. maintained in good working order;
 2. provided with a sufficient number of attendants; and
 3. kept in a clean and orderly condition.
- Make its crematorium open for inspection at any reasonable time by any person appointed for that purpose by the Secretary of State, and the crematorium may be inspected by such person.
- Appoint a registrar to keep a permanent register of all cremations carried out by the cremation authority.

18. Crematorium managers should:

- ensure that all relevant documentation has been provided to the crematorium.
- ensure that all parts of the relevant forms have been completed before these are passed to the MR.
- check that the applicant is entitled to sign and complete the application form.
- check that instructions for the disposal of ashes have been completed. They should also check whether the box at the bottom of this part referring to recovery of metals on form Cremation 1 has been ticked.
- check that the box under the 'Recovery of Ashes' part of the form has been ticked.
- When communicating with bereaved people, we strongly suggest that crematoria are sensitive to the words used on forms such as 'disposal' as this may cause confusion and/or distress.

Relevant legislation: the Cremation (England and Wales) Regulations 2008

19. You should familiarise yourself with the legislation under which you perform your duties.
20. The Cremation (England and Wales) Regulations 2008 (the 2008 Regulations) came into effect on 1 January 2009. They modernised and consolidated all previous regulations, replacing the Cremation Regulations 1930 (as amended). The 2008 Regulations were amended in 2016, 2017, 2022 and again in 2024.
21. **After 9 September 2024, applications for cremation must be made using the forms introduced through the Cremation (England and Wales) (Amendment) Regulations 2017 and the Cremation (England and Wales) (Amendment) Regulations 2024.** These forms can be downloaded from our website: www.gov.uk/government/collections/cremation-forms-and-guidance
22. All crematorium managers should be familiar with the text of the 2008 Regulations. **It is important to note that the right of applicants to inspect medical certificate form Cremation 4 prior to the authorisation of the cremation by the MR has been replaced with the opportunity to raise any concerns about the cause of death with the ME at an earlier stage.**
23. **Welsh language documents:** The Welsh Language (Wales) Measure 2011 gives the Welsh language official status in Wales and makes provision for the creation of standards of conduct in relation to the use of Welsh, as well as placing duties on certain bodies to comply with those standards. The Cremation (England and Wales) (Amendment) Regulations 2017 make provision for cremation forms to be issued bilingually. These forms can be downloaded from our website: [Ffurflenni a Chanllawiau Amlosgi - GOV.UK \(www.gov.uk\)](http://Ffurflenni a Chanllawiau Amlosgi - GOV.UK (www.gov.uk))

If the applicant has serious concerns about the cause of death

24. Although there will be opportunities for the applicant to raise concerns about the cause of death prior to submitting form Cremation 1, the applicant may wish to raise matters of concern with a coroner. In these circumstances the cremation cannot take place until the issue is resolved; written confirmation from the applicant that says that they are satisfied that the matter has been resolved or a communication from the coroner's office should be sufficient evidence of resolution of the concern. You will need to be in close liaison with the funeral service provider and the coroner's office until the situation is resolved.

Cremation of non-viable foetal remains

25. Foetal remains under 24 weeks gestation are not subject to the provisions of the 2008 Regulations. Further information about the disposal of non-viable foetal remains is published by the Human Tissue Authority (www.hta.gov.uk) and the Stillbirth and Neonatal Death Society (www.sands.org.uk). Further information can be found at: <https://www.sands.org.uk/professionals/bereavement-care>).

26. Crematorium managers should check with the hospital where the non-viable foetal remains came from to determine that it was non-viable rather than a foetus that lived, even for a short while, before death. If the foetus did live, even for a short time, then form Cremation 1 and the appropriate registration form should be used.

The statutory forms

27. **It is important that the wording on the forms is not altered.** MRs are instructed to reject any forms which do not follow the statutory wording or where there have been significant alterations to the format of the forms, digitally or otherwise. These forms can be downloaded from our website at: www.gov.uk/government/collections/cremation-forms-and-guidance.
28. The only changes you may make are to add the name and address of the crematorium together with contact details. You should ensure that any branding, such as corporate logos, are not added to forms. You should not add marginal notes or explanations.
29. There are 11 statutory forms set out in the 2008 Regulations which are relevant to cremation authorities and crematorium managers. These are explained on the following pages.

Receiving the forms

30. Forms can be received electronically or as paper documents. Where a form requires a signature and it is received electronically, the signature must conform to the requirements in section 7(2) of the Electronic Communications Act 2000.
31. You should accept an electronic transmission of a signed paper form that has been received as an email attachment of a scan or photograph. If you have any concerns about the authenticity of the received electronic form these should be raised with the individual who sent the document. There is no requirement for the signed paper form to be received by the crematorium where the electronic transmission of that form has been accepted.
32. Where a form has been created electronically, either on a personal device such as a laptop, tablet or smartphone, or through a web portal, you should satisfy yourself that the electronic signature of that document conforms to the 2008 Cremation regulations.
33. Where a hand-written signature has not been applied to the space in the form reserved for the signature, the name of the signer should be typed in where the form allows. Examples of what may constitute an electronic signature include:
- Transmission from an email account belonging to the signer; or
 - A scanned copy of the signer's signature applied to the signature section of the form; or
 - The signature of the signer applied directly to the form through a touchscreen; or

- Use of an electronic signature verification service.

34. **It is a criminal offence under the Cremation Act 1902 to wilfully make a false statement in order to procure a cremation.** Any concerns about false statements should be reported to the police to investigate as these are criminal matters. The MR and the Ministry of Justice cannot investigate criminal matters.

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Form Cremation 1 – Application for cremation of the body of a person who has died

35. This form must be completed and signed by the applicant, supported by the funeral service provider, where used, in all cases where the deceased person is to be cremated. **Funeral service providers must not complete and/or sign the form on behalf of the applicant.**
36. The revised form Cremation 1 published in 2024 replaces the version issued in 2018. It has been updated to take account of the death certification reforms.
37. The key changes included in the form are:
- a space to input the email addresses of the funeral service provider, where used, and the registered medical practitioner, where known, who attended the deceased person;
 - a data protection statement;
 - a statement confirming that all of the relevant documentation has been provided;
 - an amended question on the presence of implantable medical devices; and
 - a new section covering the disposal of any metals.
38. Crematorium managers should ensure that all parts of the form have been completed before the form is passed on to the MR. However, a form should not be rejected solely because, for example, the applicant does not know the name of the registered attending medical practitioner. We have encouraged funeral service providers to assist applicants in providing such information.

Part 1: Details of the crematorium

39. The applicant is asked to confirm by ticking a box on the form that all relevant documentation has been provided to the crematorium. A funeral service provider, if used, will assist the applicant in checking the table below to ensure the relevant documentation is included in the application.

40. Form Cremation 1 should be accompanied by relevant forms:

Type of case	Forms
In non-coronial cases	The Certificate for Burial or Cremation ('the green form').
In coronial cases	A form Cremation 6. (Please note: the green form is not necessary in cases involving the relevant coroner.)
In cremations following anatomical examination	A form Cremation 7 and the green form.

41. For a death which occurred in Scotland, form Cremation 1 or its equivalent should be accompanied by:

- **Either** Form 14 – Certificate of Registration of Death **or** Form E1 (issued if a procurator fiscal has been involved and has released the remains for cremation); **and**
- a Certificate of No Liability to Register should also be obtained from the [registrar](#) in England or Wales, in whose area it is intended to cremate the body, and inform the coroner for the area where the cremation will take place.

42. For a death which occurred in Northern Ireland: form Cremation 1 or its equivalent should be accompanied by:

- **Either** Northern Ireland Crematorium Form B (The Medical Certificate) **and** Form C (which verifies the information in Form B) – these forms must be completed by a doctor in Northern Ireland – **or** a Form 20a (Coroner's Authority for Cremation); **and**
- Certificate of Registration of Death (Green Form equivalent) and Form 18 (Coroner's Certificate for Removal of a Body out of Northern Ireland) must be provided by the coroner; **and**
- The Northern Ireland Council Form, providing information on whether a hazardous implantable medical device is present and whether it has been removed. This must be completed by the doctor who completes Form B or by the coroner.

43. For deaths abroad, please look at the guidance available at

<https://www.gov.uk/government/collections/death-abroad-bereavement-packs>

Part 2: Details of the applicant

44. There may be times where the answer to question 3 of Part 2 of form Cremation 1 indicates an objection by another near relative, or executor, to the proposed cremation. In these circumstances we would suggest that the cremation authority invite the applicant to resolve any external issues before applying for a cremation – this can be done through a funeral service provider where used.

Part 3: Details of the person who died

45. **Question 4** asks about any implantable medical devices that may become hazardous during cremation, for example a pacemaker, radioactive device or “Fexion” intramedullary nailing system. The MR will need to check the information provided carefully and compare it with the information provided on the green form issued by the registrar, or on form Cremation 6. Any queries about information on the green form should be raised with either the attending registered medical practitioner or ME. Where the funeral service provider is able to provide information or confirm in writing that the implant has been removed, they should do so. A list of potentially hazardous implantable medical devices can be found at [Annex B](#). Please note this list is not exhaustive.

Part 4: Disposal of ashes

46. Part 4 deals with applicants' wishes for what should happen to the ashes of the deceased person after the cremation. You should be satisfied that you are able to comply with the instructions as written and you should have systems in place for enabling applicants to access the details of all the facilities and options you provide. We expect that funeral service providers will also have a full understanding of the services you provide and the facilities you have access to and will advise applicants accordingly. You should provide clear and easily accessible information, on request, to funeral service providers and/or members of the public as to the services and facilities that you provide.
47. If you have concerns that the instructions cannot be fulfilled, or you are unsure what it is that has been requested, you should raise this with the applicant or their funeral service provider as soon as practicable. **You should not accept an application for a cremation if you believe you will not be able to fulfil the instructions** for what is to happen to the ashes.
48. Instructions for what is to happen to the ashes can be amended in writing by the applicant without the need for completing a new application form.
49. It is important that you have systems in place for recording any change in the contact details of the applicant until such time as the ashes have been collected by the applicant or their agent, or the ashes have been disposed of as per the instructions of the applicant.
50. Should the applicant or their agent not collect the ashes, or should the applicant fail to issue instructions within the given timescales, you should make reasonable efforts to

arrange for the collection or disposal of the ashes by the applicant or their funeral service provider with the applicant's permission.

51. If, despite your reasonable efforts, you are unable to make arrangements with the applicant for the return or disposal of the ashes you should give the applicant 14 days' notice of your intentions. We have provided suggested wording for such a notice at [Annex A](#). If there is no response, you should inter the ashes in a burial ground, or a part of the crematorium reserved for burying ashes. Alternatively, you can scatter the ashes in a part of the crematorium reserved for that purpose.
52. If the applicant supplies you with reasonable instructions for the return or disposal of the ashes at any time before you take action, you should instead comply with those instructions provided by the applicant.
53. There may be times when you are contacted by a person who is neither the applicant nor their agent with a request that the ashes be returned or that the ashes be disposed of in ways that are contrary to the instructions of the applicant. You should only consider this request other than as instructed by the applicant in exceptional circumstances, such as where the applicant was responsible for the death of the person who was cremated or in the case of the cremation of a child where the applicant had abused the child or their parent(s). If the applicant died before giving any instructions on what should happen to the ashes, you may consider taking instructions from the applicant's executor or the administrator of their estate. It is not expected that the option to exercise this discretion will arise very often. **We would recommend crematoria take legal advice before acting in a way that is contrary to the instructions of the applicant.**

Disposal of metals

54. Under the heading 'disposal of metals', please note whether the applicant has ticked the box indicating that they would like any metal to be returned. If the applicant has the right to and the box is ticked, you should comply with the applicant's wishes and return the metals. Otherwise, metals may be recycled by the crematorium. We expect that funeral service providers will also have a full understanding of the facilities you have access to and will advise applicants accordingly. You should provide clear and easily accessible information, on request, to funeral directors and members of the public as to the facilities that you provide.

Form Cremation 2 – Application for cremation of body parts

55. The form Cremation 2 published in 2018 replaced the version issued in 2009.

56. This form is usually completed by a close relative or the executor of the will.

57. Form Cremation 2 should be **accompanied by form Cremation 8 and the appropriate registration documentation.**

58. **You should ensure that question 5 of Part 4 has been completed.**

59. The considerations set out in paragraph 46 above referencing the applicants' wishes relating to the ashes of the deceased person after the cremation and the recovery of ashes apply to form Cremation 2.

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Form Cremation 3 – Application for cremation of a stillborn baby

60. The form Cremation 3 published in 2018 replaced the version of the form issued in 2009.
61. This form must be **completed and signed by the applicant**, who is usually one of the parents of a stillborn baby, supported by the funeral service provider. If requested by the parents, form Cremation 3 may be completed by the bereavement officer at the hospital.
62. A stillbirth is defined as a baby born not alive after 24 completed weeks of pregnancy, if less than 24 weeks the 2008 regulations do not apply however the crematorium may facilitate the cremation.
63. **You should ensure that the form Cremation 3 is either accompanied by form Cremation 9 (certificate of stillbirth) or by a declaration given by a person who can give information concerning the birth (see regulation 20(2)).** Where the stillbirth took place outside England and Wales, a form broadly equivalent to form Cremation 9 can be given (please refer to Regulation 14(4)).
64. The considerations set out in paragraph 46 above referencing the applicants' wishes relating to the ashes of the deceased person after the cremation and the recovery of ashes apply to form Cremation 3.

Form Cremation 6 – Certificate of coroner

65. The form Cremation 6 published in 2024 replaces the version of the form issued in 2022.
66. This form is completed by the relevant coroner where a death has been reported to them and they have commenced an investigation pursuant to their duty under section 1 of the Coroners and Justice Act 2009. The form has been slightly amended to take account of changes to the underlying legislation, made as part of the wider death certification reforms which are being implemented alongside the statutory Medical Examiner scheme, to more accurately reflect the statutory role of the coroner. This form will no longer be issued by the coroner if, following a report of a death, they decide that their duty to investigate is not engaged (even where a post-mortem examination is conducted as part of those preliminary inquiries). Authorisation for cremation in that scenario will follow the usual route for a non-coronial death.
67. You should ensure that:
- The space for the cause of death to be recorded is not left blank (even if the cause is unascertained); and
 - The deceased person's name has been recorded correctly; and
 - The form has been signed and dated.
68. If the coroner has information on implantable medical devices present in the body as a result of examining medical notes or completing a post-mortem, they will provide this on the form.
69. Any incomplete forms should be returned to the coroner's office for correct completion.

Form Cremation 7 – Certificate following anatomical examination

70. The form Cremation 7 published in 2018 replaced the version issued in 2009.
71. This form should be used for bodies that have been donated to medical science and **must be filled in by a registered medical professional at the organisation where the examination took place**. You may wish to check relevant registration on the General Medical Council website.
72. This form should accompany form Cremation 1 and the appropriate registration document. The form refers to licences granted under the Human Tissue Act 2004 but it can be adapted to deal with older anatomical remains where disposal of the body has been delayed.

Form Cremation 8 – Certificate releasing body parts for cremation

73. The form Cremation 8 published in 2018 replaced the version of the form issued in 2009.
74. This form is used by registered medical practitioners to certify that the body parts of a deceased person can be released for cremation. A registered medical practitioner must complete the form on behalf of the hospital trust or other authority holding the body parts. You may wish to check registration with the General Medical Council.
75. Regulation 19 deals with the cremation of body parts removed following a post-mortem examination. This form should be accompanied by form Cremation 2. The body parts must belong to a named person and all the questions on the form should be answered in full. It is for this reason that anonymous material cannot be cremated in accordance with the regulations and should therefore be incinerated or disposed of in another appropriate way.

Form Cremation 9 – Certificate of stillbirth

76. The form Cremation 9 published in 2018 replaced the version of the form issued in 2009.
77. This form should be completed and signed by either a registered medical practitioner or a registered midwife in all cases where a stillborn baby will be cremated – the definition of a stillbirth is available at this link: [Stillbirth - NHS \(www.nhs.uk\)](http://www.nhs.uk). 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.
78. This form accompanies the 'Application for cremation of a stillborn baby' (form Cremation 3) and should be linked with that form and the appropriate registration document. The crematorium manager should check that the application is for an actual stillbirth rather than a cremation where the baby lived, even for a short while, before death. In such cases, form Cremation 1 and the appropriate registration form should be used.
79. If the MR is satisfied that a cremation can take place, they will authorise it on form Cremation 13.

Forms Cremation 10 – Authorisation of cremation of deceased person by MR

80. For deaths occurring in **England and Wales**, the modified version of **form Cremation 10** published in 2024 should be used. For deaths occurring in **the rest of the British Isles excluding England and Wales**, the old version of the **form Cremation 10** published in 2018 must now be used. Form Cremation 10 must be completed and signed by the MR.
81. The MR will authorise cremation of a deceased person after they are satisfied that they have all the information on the relevant forms (either forms Cremation 1, Cremation 6 or Cremation 7) as well as on the green form, as required. (Please note that the registration document is not necessary in cases involving the coroner).
82. If the applicant has made it clear to staff at the crematorium that they wish to raise matters of concern with a coroner, the MR should not authorise the cremation until these issues have been resolved; written confirmation from the applicant that says that they are satisfied that the matter has been resolved or a communication from the coroner's office should be sufficient evidence. You will need to be in close liaison with the funeral service providers or applicant and the coroner's office while the situation remains unresolved. Once resolved, you should notify the MR.
83. You should ensure that the MR has completed this form before the cremation takes place.

Form Cremation 11 – Certificate after post-mortem examination

84. The form Cremation 11 published 2018 replaced the version of the form issued in 2009.
85. Under the new system we are removing the provision which allows MRs to request a post-mortem for all cases in England and Wales. **The only cases where MRs will retain the power to request a post-mortem is where a death occurred in Scotland, Northern Ireland, the Isle of Man or the Channel Islands, but where the applicant wishes for the cremation to take place in England and Wales.** In this instance, this form should be used by a person performing the post-mortem under Regulation 24 of the 2008 Regulations.
86. In the cases described above in paragraph 85, if the MR believes that the fact and cause of death has not been definitely ascertained, they may refuse to authorise the cremation. However, if the family still wish to have the body cremated, the MR would need to arrange for a post-mortem examination to be performed by a pathologist the cremation authority's or MRs choice, under Regulation 24(2). Any post-mortem examination must be carried out under the authority of a licence issued under the Human Tissue Act 2004.
87. You will need to:
- Decide, based on the request provided by the MR and whether the family would be prepared to pay for any post-mortem examination, whether the crematorium or the family will pay for it; and
 - ensure that all the relevant requirements of the Human Tissue Act 2004 (HTA) are met. These requirements include any necessary consent for the post-mortem to take place from the most appropriate person (see HTA post-mortem code of practice for guidance on who can give consent) which may be the applicant or other family member and that the place where the post-mortem examination is to take place is licensed under the HTA for such procedures.

Form Cremation 12 – Authorisation of cremation of body parts by MR

88. The form Cremation 12 published in 2018 replaced the version of the form issued in 2009.
89. This form must be completed and signed by an MR.
90. The MR will only authorise cremation after consideration of a form Cremation 2 and form Cremation 8 and the appropriate registration documentation.
91. You should ensure that the MR has completed this form before the cremation takes place.

Form Cremation 13 – Authorisation of cremation of remains of stillborn baby by MR

92. The form Cremation 13 published in 2018 replaced the version of the form issued in 2009.
93. This form must be completed by an MR.
94. The MR will only authorise cremation of a stillborn baby after having considered form Cremation 3 and either form Cremation 9 (or the overseas equivalent) or a declaration given by a person who can give information concerning the birth and the appropriate registration document.
95. You should ensure that the MR has completed this form before the cremation takes place.

Further Information

96. This guidance is not intended to be exhaustive and there will be unique instances that arise where you may require assistance. If you require any guidance or information that is not covered in this document, please contact the Funeral Sector, Burials and Cremation Policy team at the Ministry of Justice at FuneralSectorBurialsandCremation@justice.gov.uk.

NOT FOR USE BEFORE 9 SEPTEMBER 2024

Annex A: suggested wording for a notice of intention to inter or bury ashes where no instructions have been given for their collection or they have not been collected in accordance with the instructions given

Dear Sir / Madam,

I am writing with reference to the ashes of the late _____
which have been held at the Crematorium since the date of the funeral service which took
place on _____

At that time you instructed the Crematorium to _____

Under Regulation 30 of The Cremation (England and Wales) Regulations 2008 as
amended by The Cremation (England and Wales) (Amendment) Regulations 2017

I hereby give notice that unless I receive your written instructions to the contrary within 14
days of this letter, the ashes will be scattered / interred within the grounds of the
Crematorium.

I await your early reply and will be pleased to advise you on the options that are available
to you. A copy of this letter has been sent to the Funeral Director _____

Yours faithfully,

Annex B – Battery powered and other implantable medical devices that could cause problems during the cremation of human remains

Implants that could cause issues during a cremation include but are not limited to:

- Pacemakers;
- Implantable Cardioverter Defibrillators (ICDs);
- Cardiac resynchronization therapy devices (CRTDs) Implantable loop recorders;
- Ventricular assist devices (VADs): Left ventricular assist devices (LVADs), Right ventricular assist devices (RVADs), or Biventricular assist devices BiVADs);
- Implantable drug pumps including intrathecal pumps;
- Neurostimulators (including for pain & Functional Electrical Stimulation) Bone growth stimulators;
- Fixion nails;
- Any other battery powered or pressurised implant;
- Radioactive implants used to treat tumours, such as metal wires, seeds or tubes; and
- Radiopharmaceutical treatment (via injection).

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