Authorisation of cremation of deceased person by medical referee



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

Part 1	Details of the deceased
	Full Name
	Address
	Occupation or last occupation if retired or not in work at date of death
Part 2	Authorisation by medical referee
	An application has been made for the cremation of the remains of the deceased.
	I am satisfied that —
	(a) the requirements of the Cremation (England and Wales) Regulations 2008 have been complied with;
	(b) the inquiry/examination made by the persons who gave the relevant certificates has been adequate; and
	(c) the fact and cause of death have been definitely ascertained or, if not ascertained, a coroner has opened an inquest.
	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



