

Certificate of registered medical practitioner authorising cremation

Form 4 (Regulation 19, Schedule 1)

Cemeteries and Crematoria Act 2003
Cemeteries and Crematoria Regulations 2015

Note 1:

In accordance with section 138 of the *Cemeteries and Crematoria Act 2003* this form must be completed by a registered medical practitioner who is NOT the registered medical practitioner who completed the notice as required under section 37(2) of the *Births, Deaths and Marriages Registration Act 1996* in respect of the death of the deceased person who is to be cremated.

Note 2:

This form is not required for the cremation of a still-born child. For all perinatal deaths, please check the 'Medical Certificate of Cause of Perinatal Death' to confirm whether the application relates to a still-born child.

Please complete in block letters

The deceased

Full name: _____

Sex: Male Female

Date of birth: / /

Date of death: / /

Place of death: _____

Certificate

I, [name of registered medical practitioner]

of [address of registered medical practitioner]

certify that:

1. I am a currently registered medical practitioner under the Health Practitioner Regulation National Law.
2. I have carefully read the statements contained in the 'Application for cremation authorisation' relating to the deceased,
signed by [applicant for cremation authorisation]

and dated [date of application for cremation authorisation] / /

3. I have examined the body of the deceased.
4. I have sighted:
 a completed 'Medical Certificate of Cause of Death' of a person aged 28 days or over prepared pursuant to section 37(2) of the *Births, Deaths and Marriages Registration Act 1996*; or
 a completed 'Medical Certificate of Cause of Perinatal Death' prepared pursuant to section 37(2) of the *Births, Deaths and Marriages Registration Act 1996*.

