



Ministry
of Justice

The Cremation (England and Wales) Regulations 2008

Guidance to applicants

March 2022



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Introduction

1. You are applying for the cremation of the remains of a person who has died. Your crematorium or funeral director will be able to advise you on the details of what will happen and can assist you in completing the application form and arranging for any other forms that are required.
2. This guidance addresses 3 elements of the application process:
 - providing instructions to the crematorium on what should happen with the ashes following the cremation
 - notifying the presence of implants
 - your rights to inspect the cremation medical certificate before the cremation takes place
3. Application forms in the Welsh language and a Welsh version of this guidance are available at www.gov.uk/government/collections/ffurflenni-ac-arweiniad-ar-amlosgi.

Ashes

4. After the cremation has taken place all the ashes that remain will be removed from the cremator. Any metal will be removed and the ashes will be reduced to fine/course particles.
5. In some very rare circumstances, such as in the cremation of very small babies or of body parts there may be a risk that very little or no ash is recovered following the cremation. Modern technology and improved practices have significantly reduced this risk however if you have any questions or concerns about the ashes that will be recovered from the cremation please raise these with your funeral director or crematorium. You may wish to consider alternatives to a cremation with your funeral director or crematorium.
6. When you apply for a cremation you will be asked about what you wish to happen to the ashes. These can be collected by you or a person nominated by you, including your funeral director. Alternatively, the crematorium may have options available for laying the ashes to rest and for memorials. You should confirm what services are available either directly from the crematorium or from your funeral director before specifying your instructions at Option 1: in Part 6 *Ashes to be scattered / interred / otherwise dealt with by the crematorium*.
7. However, you may not wish to decide what should happen to the ashes when making your application. If this is the case you should choose Option 3: in Part 6 *Ashes to be held awaiting your decision*. When choosing this option, you should indicate a date or period of time by which you will have decided what should happen to the ashes. You need to be aware that the crematorium may introduce a charge for holding the ashes after a certain period. The crematorium, or your funeral director if you are using one, can provide further information.
8. If you wish to change your instructions on what should happen to the ashes, or provide instructions where you asked for the ashes to be held by the crematorium you should do so in writing addressed to the crematorium that conducted the cremation. If your contact details change after you have applied for the cremation you should notify the crematorium. You may be able to do this through your funeral director.
9. If, for whatever reason, the ashes are not collected as instructed or no instructions are given to the cremation authority for how the ashes should be dealt with the cremation authority is responsible for either interring or scattering the ashes at the crematorium or a burial ground. But before doing so the crematorium must make reasonable attempts to give you 14 days' notice of their plans.

10. If, on receiving a notice that the cremation authority intends interring or scattering the ashes and you do not wish this to happen you can give alternate written instructions, either directly to the crematorium or through your funeral director, for what should happen to the ashes. The written instructions would need to be received by the crematorium before the expiry of the 14-day notice period.

Implants

11. You may wish to think about whether the person that has died had any implants fitted during life. This is because some implants may cause damage to machinery including the cremator, and may even be a serious health and safety risk if they explode during the process of cremation. You should note the existence of any potentially hazardous implants on the application form at question 10. A list of potentially dangerous implants is contained at [Annex A](#).

Your right to inspect the medical certificate (form Cremation 4)

12. Part 5 of the application form deals with your right to inspect the medical certificate.
The funeral director should have explained this right to you, but you might find it helpful to read about it as well. There will be no medical certificate where a death has been referred to a coroner. In these circumstances your application will be supported by form Cremation 6 completed by the coroner. There is no right to inspect this form.
13. After you have made your application you will have the opportunity to exercise your right to inspect the medical certificate that was completed by the doctor giving the cause of death of the deceased person (form Cremation 4). Inspection of form Cremation 4 will take place before the cremation is authorised by the medical referee (the doctor attached to the crematorium).

The medical certificate

14. A medical certificate (form Cremation 4) is completed by the doctor who treated the deceased person during his or her last illness.
15. If you know the cause of death and do not have any concerns about it you may decide that there is very little reason why you should need to inspect this medical certificate. However, if you do have doubts or were surprised that the death happened when it did (and the death has not already been referred to a coroner), you may decide that you would like to exercise your right to inspect the medical certificate.
16. If a coroner investigation has, or is, taking place into the cause of death there is no requirement for the medical certificate to be completed. However, the coroner's permission will be required for the cremation to take place and this will be provided through completion of form Cremation 6.

If you do not want to inspect the medical certificate yourself

17. You can nominate someone else to inspect the medical certificate on your behalf. You might want to do this, for example, if you think someone else would be in a better position to go through the certificate (perhaps because that person was present at the death and you were not).

Where you can inspect the medical certificate

18. The medical certificates will be available for you to inspect at the crematorium office for up to 48 hours after you are informed that they have been received there. It is important that you can be contacted during this period.
19. When you go to the crematorium to inspect the certificates, the medical referee may be able to give you advice on the cause of death, but you should be aware that he or she may charge a fee for this service. As the referee is often also a working doctor, you will need to take account of this when arranging the time of the meeting.
20. If the funeral is scheduled to be held within the next two or three days, it could be difficult to seek further advice from the medical referee in addition to inspecting the medical certificates.

If you have serious concerns about the death

21. If you have serious concerns about the cause of death and believe the case should be investigated by a coroner, you should contact the coroner's office right away. Your funeral director will be able to provide contact details and any other assistance. If the death was unnatural or violent, or if you suspect it was due to any industrial disease, it should have already been referred to a coroner by a doctor or by the police.

Annex A – Battery powered and other implants that could cause problems during cremation

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

Hydrocephalus programmable shunts

Fixion nails

Any other battery powered or pressurised implant

Radioactive implants

Radiopharmaceutical treatment (via injection)



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Alternative format versions of this report are available on request from coroners@justice.gov.uk

