STATUTORY INSTRUMENTS

2008 No. 2841

CREMATION, ENGLAND AND WALES

The Cremation (England and Wales) Regulations 2008

Made - - - - 22nd October 2008

Laid before Parliament 3rd November 2008

Coming into force - - 1st January 2009

The Secretary of State makes the following Regulations in exercise of the powers conferred by section 7 of the Cremation Act 1902 MI.

Marginal Citations

11 1902 c. 8; section 7 was amended by section 2 of the Cremation Act 1952 (c.31) and Part 5 of Schedule 11 to the Finance Act 1949 (c.47) and was extended by section 10 of the Births and Deaths Registration Act 1926 (c. 48).

PART 1

Preliminary

Citation, commencement and extent

- 1.—(1) These Regulations may be cited as the Cremation (England and Wales) Regulations 2008 and come into force on 1st January 2009.
 - (2) These Regulations extend to England and Wales only.

Interpretation

2.—(1) In these Regulations—

"the 1953 Act" means the Births and Deaths Registration Act 1953 M2;

F1...

"the 2004 Act" means the Human Tissue Act 2004 M3;

[F2."the 2009 Act" means the Coroners and Justice Act 2009;]

"applicant" means the person making an application for cremation in accordance with regulation 15;

[F3" ashes" means all the material left in the cremator after a cremation, and following—

- (a) the removal of any metal, and
- (b) any subsequent grinding or other process which is applied to the material;

"body parts" means material which consists of, or includes, human cells from—

- (a) a deceased person, whether or not separation from the body occurred before or after death; or
- (b) a stillborn child;

"cremation" means the burning of human remains;

"cremation authority" means any burial authority or any person who has opened a crematorium and, in [F4regulation] 3(a), includes any burial authority or person who intends to open a crematorium;

"deputy medical referee" means a person appointed under regulation 6(2);

"five years' standing", in relation to a registered medical practitioner, means that the medical practitioner—

- (a) has been a fully registered person within the meaning of section 55 of the Medical Act 1983 M4 for at least five years; and
- (b) if paragraph 10 of Schedule 1 to the Medical Act 1983 (Amendment) Order 2002 M5 has come into force, has held a licence to practise under the 1983 Act—
 - (i) for at least five years; or
 - (ii) since the coming into force of that paragraph;

[F5" investigation" means an investigation into the death of a deceased person under Part 1 of the 2009 Act];

[F6"medical certificate" is a reference to the certificate so named given in accordance with regulation 17(1);]

"medical referee" means a person appointed under regulation 6(1);

"registrar" means a person appointed under regulation 31;

"stillborn" and "stillbirth" apply to any child born after the twenty-fourth week of pregnancy and which did not at any time after birth, breathe or show any other signs of life.

- (2) In calculating the time periods referred to in regulations 22(3), 23(1)(d) and (2) and 32(2), any period must be disregarded if it falls on—
 - (a) a Saturday or a Sunday;
 - (b) Christmas Day or Good Friday; or
 - (c) a day which is a bank holiday under the Banking and Financial Dealings Act 1971 ^{M6} in England and Wales.
 - F1 Words in reg. 2(1) omitted (25.7.2013) by virtue of The Coroners and Justice Act 2009 (Commencement No. 15, Consequential and Transitory Provisions) Order 2013 (S.I. 2013/1869), art. 4, Sch. para. 4(2)(a)
 - Words in reg. 2(1) inserted (25.7.2013) by The Coroners and Justice Act 2009 (Commencement No. 15, Consequential and Transitory Provisions) Order 2013 (S.I. 2013/1869), art. 4, Sch. para. 4(2)
 (b)

- F3 Words in reg. 2(1) inserted (1.10.2016) by The Cremation (England and Wales) (Amendment) Regulations 2016 (S.I. 2016/883), regs. 1, 3
- F4 Word in reg. 2(1) substituted (6.4.2018) by The Cremation (England and Wales) (Amendment) Regulations 2017 (S.I. 2017/1238), regs. 1, 3
- Words in reg. 2(1) substituted (25.7.2013) by The Coroners and Justice Act 2009 (Commencement No. 15, Consequential and Transitory Provisions) Order 2013 (S.I. 2013/1869), art. 4, Sch. para. 4(2) (c)
- **F6** Words in reg. 2(1) substituted (25.3.2022) by The Cremation (England and Wales) (Amendment) Regulations 2022 (S.I. 2022/218), regs. 1, 3

Marginal Citations

M2 1953 c. 20.

M3 2004 c. 30.

M4 1983 c. 54.

M5 S.I. 2002/3135.

M6 1971 c. 80.

PART 2

Maintenance and inspection of crematorium

Opening and closing of crematorium

- 3. A cremation authority must,—
 - (a) at least one month before it opens or closes a crematorium, give written notice of its intention to do so to the Secretary of State; and
 - (b) at least one month before it closes a crematorium, give notice of its intention to do so by—
 - (i) publishing an advertisement in a local newspaper circulating in the place where the crematorium is situated; and
 - (ii) displaying a notice at the entrance to the crematorium in a place where it can be conveniently read.

Maintenance of crematorium

- **4.** The cremation authority must ensure that a crematorium is—
 - (a) maintained in good working order;
 - (b) provided with a sufficient number of attendants; and
 - (c) kept in a clean and orderly condition.

Inspection of crematorium

- **5.**—(1) A cremation authority must 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.
- (2) Paragraph (1) does not apply if the cremation authority has permanently closed the crematorium.

PART 3

Medical referee

Appointment of medical referee and deputy medical referee

- **6.**—(1) The Secretary of State must appoint a medical referee for each cremation authority.
- (2) The Secretary of State must appoint as many deputy medical referees for each cremation authority as the Secretary of State thinks appropriate.

Qualifications of medical referee and deputy medical referee

- 7.—(1) To be eligible for appointment as a medical referee or a deputy medical referee, a person must be a registered medical practitioner of at least five years' standing.
- (2) The Secretary of State must appoint as medical referee and deputy medical referee such persons as may be nominated by the cremation authority who have the character, experience and qualifications to discharge the duties required by these Regulations.

Guidance by the Secretary of State

8. The Secretary of State may issue guidance about the character, experience and qualifications that a person appointed as a medical referee or a deputy medical referee is expected to have.

Termination of office

9. The Secretary of State may remove a medical referee or a deputy medical referee from office for incapacity or misbehaviour.

Functions of deputy medical referee

- 10.—(1) The functions of the medical referee for a cremation authority may—
 - (a) be performed by a deputy medical referee for the cremation authority—
 - (i) during any period when the medical referee is absent or unavailable;
 - (ii) in any case in which the medical referee has been the usual medical attendant of the deceased person in relation to whom an application for cremation has been made;
 - (iii) during any vacancy in the office of medical referee; or
 - (iv) in any other case, with the consent of the medical referee; and
 - (b) be performed by a medical referee or a deputy medical referee for any other cremation authority in an emergency.
- (2) Accordingly, a reference in these Regulations to a medical referee is to be read, where relevant, as including a deputy medical referee.

Report to the Secretary of State

11. A medical referee must give such reports to the Secretary of State as the Secretary of State may from time to time require.

Supplementary powers of medical referee

12. A medical referee—



- (b) who has made a post-mortem examination of the body of the deceased person under regulation 24(2), may issue a certificate under regulation 24(3); and
- (c) who is a coroner, may issue a certificate under regulation 16(1)(c)(ii).
- F7 Reg. 12(a) omitted (25.3.2022) by virtue of The Cremation (England and Wales) (Amendment) Regulations 2022 (S.I. 2022/218), regs. 1, 4

PART 4

Conditions for cremation

Place where cremation may take place

13. No cremation may take place except in a crematorium the opening of which has been notified to the Secretary of State.

Forms

- **14.**—(1) Subject to ... this regulation, the forms set out in Schedule 1 must be used in the cases to which they apply.
- [^{F8}(1A) A form set out in Schedule 1 may be used in electronic form, provided that it has the electronic signature of any person who is required to sign it.
- (1B) In paragraph (1A), "electronic signature" has the meaning given in section 7(2) of the Electronic Communications Act 2000.
- (1C) Any reference in these Regulations to a form set out in Schedule 1 is to be regarded as including—
 - (a) a form which contains all the information required by that form, but the format of which differs in an immaterial respect;
 - (b) a Welsh language version, or an English and Welsh language version, of that form.]
 - (2) In the case of an application for cremation of the remains of a deceased person—
 - (a) ...
 - (b) if the death of the deceased person occurred in Scotland, Northern Ireland, the Isle of Man or the Channel Islands, an application for cremation and certificates—
 - (i) which contain all the particulars required by the application for cremation and, as the case may be, by the medical certificate, ^{F9}... the certificate of coroner or the certificate following anatomical examination set out in Schedule 1; and
 - (ii) which are used in accordance with the law relating to cremation for the time being in force in Scotland, Northern Ireland, the Isle of Man, the Bailiwick of Jersey or the Bailiwick of Guernsey,

may be used instead of the application or certificates set out in Schedule 1.

(3) In the case of an application for cremation of body parts, if the death of the deceased person, the stillbirth or the post-mortem examination occurred in any place outside England and Wales,

certificates which contain all the particulars given in the certificate or certified copy referred to in regulation 19(b) or in the certificate releasing body parts for cremation set out in Schedule 1 may be given instead of those certificates or that certified copy.

- (4) In the case of an application for cremation of a stillborn child, if the stillbirth occurred outside England and Wales, a certificate which contains all the particulars given in the certificate of stillbirth set out in Schedule 1 may be given by a person entitled to practise as a medical practitioner or midwife in the place where the stillbirth occurred instead of the certificate set out in Schedule 1.
 - F8 Reg. 14(1A)-(1C) inserted (6.4.2018) by The Cremation (England and Wales) (Amendment) Regulations 2017 (S.I. 2017/1238), regs. 1, 4
 - **F9** Words in reg. 14(2)(b)(i) omitted (25.3.2022) by virtue of The Cremation (England and Wales) (Amendment) Regulations 2022 (S.I. 2022/218), regs. 1, 5

Application for cremation

- **15.**—(1) Subject to paragraph (2), an application for cremation must be made to the cremation authority by—
 - (a) an executor of the deceased person; or
 - (b) a near relative who has attained the age of 16.
- (2) An application for cremation may be made by any other person if the medical referee is satisfied—
 - (a) that the person is a proper person to make the application; and
 - (b) as to the reason why the application is not made by an executor or a near relative who has attained the age of 16.
- (3) In this regulation, "near relative" means the widow, widower or surviving civil partner of the deceased person, or a parent or child of the deceased person, or any other relative usually residing with the deceased person, or a parent of a stillborn child.

Cremation of the remains of a deceased person

- **16.**—(1) No cremation of the remains of a deceased person may take place unless—
 - (a) an application for cremation is made in accordance with regulation 15;
 - (b) except where regulation 18 applies,—
 - (i) a certificate is given under section 24(1), (2) or (4) of the 1953 Act (certificates as to registration of death) in relation to the death of the deceased person; or
 - (ii) a certified copy of the entry in the relevant register is issued under sections 30 to 32 of the 1953 Act in relation to the death of the deceased person;
 - (c) (i) a medical certificate [F10 is] given in accordance with regulation 17(1) F11...;
 - (ii) where regulation 18 applies, a certificate is given by a coroner; or
 - (iii) a certificate is given that the body of the deceased person has undergone an anatomical examination under the authority of a licence granted under the 2004 Act for that purpose; and
 - (d) written authority is given by a medical referee in accordance with regulation 23.
- (2) This regulation does not apply to the cremation of the exhumed remains of a deceased person who has already been buried for a period of one year or more.

- **F10** Word in reg. 16(1)(c)(i) substituted (25.3.2022) by The Cremation (England and Wales) (Amendment) Regulations 2022 (S.I. 2022/218), regs. 1, 6(a)
- F11 Words in reg. 16(1)(c)(i) omitted (25.3.2022) by virtue of The Cremation (England and Wales) (Amendment) Regulations 2022 (S.I. 2022/218), regs. 1, 6(b)

Medical certificate F12...

17.—(1) A medical certificate giving the cause of death of the deceased person may be given by a registered medical practitioner.

| $^{\text{F13}}(2)$ | | | | | | | | | | | | | | | | |
|--------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| F14(3) | | | | | | | | | | | | | | | | |
| F15(4) | | | | | | | | | | | | | | | | |

- **F12** Words in reg. 17 heading omitted (25.3.2022) by virtue of The Cremation (England and Wales) (Amendment) Regulations 2022 (S.I. 2022/218), regs. 1, **7(a)**
- F13 Reg. 17(2) omitted (25.3.2022) by virtue of The Cremation (England and Wales) (Amendment) Regulations 2022 (S.I. 2022/218), regs. 1, **7(b)**
- F14 Reg. 17(3) omitted (25.3.2022) by virtue of The Cremation (England and Wales) (Amendment) Regulations 2022 (S.I. 2022/218), regs. 1, 7(b)
- F15 Reg. 17(4) omitted (25.3.2022) by virtue of The Cremation (England and Wales) (Amendment) Regulations 2022 (S.I. 2022/218), regs. 1, 7(b)

[F16Certificate of coroner

- **18.** (1) This regulation applies for the purposes of regulation 16(1).
 - (2) This regulation applies where—
 - (a) a coroner has or had a duty under section 1 of the 2009 Act to conduct an investigation in to the death of the deceased person; or
 - (b) in case where sub-paragraph (a) does not apply, the death of the deceased person occurred outside the British Islands.]

F16 Reg. 18 substituted (09.09.2024) by The Cremation, Coroners and Notification of Deaths (England and Wales) (Amendment) Regulations 2024 (S.I. 2024/68), reg. 2

Cremation of body parts

- 19. No cremation of body parts may take place unless—
 - (a) an application for cremation is made in accordance with regulation 15;
 - (b) (i) a certificate is given under section 24(1), (2) or (4) of the 1953 Act (certificates as to registration of death) or under section 11(2) or (3) of the 1953 Act (certificates as to registration of stillbirth) in relation to the death of the deceased person or to the stillborn child to whom the body parts belonged; or

- (ii) a certified copy of the entry in the relevant register is issued under sections 30 to 32 of the 1953 Act in relation to the death of the deceased person or to the stillborn child to whom the body parts belonged;
- (c) (i) a certificate is given on behalf of the hospital trust or other authority holding the body parts that there is no reason for further inquiry or examination of the body parts and that they are released for cremation; or
 - (ii) evidence is produced that the body parts were removed in the course of a postmortem examination made of the body of the deceased person; and
- (d) written authority is given by a medical referee in accordance with regulation 25.

Cremation of a stillborn child

- **20.**—(1) No cremation of a stillborn child may take place unless—
 - (a) an application for cremation is made in accordance with regulation 15;
 - (b) a certificate is given under section 11(2) or (3) of the 1953 Act (certificates as to registration of stillbirth);
 - (c) (i) a certificate is given by a registered medical practitioner or a registered midwife who has examined the body and who can certify that the child was stillborn; or
 - (ii) where paragraph (2) applies, a declaration is given by a person who is qualified to give information concerning the birth; and
 - (d) written authority is given by a medical referee in accordance with regulation 26.
- (2) This paragraph applies where the child was stillborn and either—
 - (a) no registered medical practitioner or registered midwife was present at the birth or has examined the body; or
 - (b) a certificate under paragraph (1)(c)(i) cannot be obtained from a registered medical practitioner or a registered midwife who was present at the birth.

Cremation of exhumed remains of deceased person who has already been buried for one year or more

- **21.** The cremation of the exhumed remains of a deceased person who has already been buried for a period of one year or more may take place subject to such conditions as may be imposed by—
 - (a) the Secretary of State in an exhumation licence granted under section 25 of the Burial Act 1857 M7; or
 - (b) a faculty granted by the ordinary.

Marginal Citations

M7 1857 c. 1.

Right to inspect medical certificate F17... and to make representations to medical referee

- **22.**—(1) Paragraph (2) applies where the applicant for cremation of the remains of a deceased person—
 - (a) (i) has informed the cremation authority to which the application for cremation was made that they would like to inspect the medical certificate ^{F18}...; or
 - (ii) has nominated another person to inspect [F19that certificate]; and

- (b) has given one or more telephone numbers to the cremation authority at which the applicant, or the person nominated by the applicant, may be contacted.
- (2) As soon as the cremation authority receives the medical certificate ^{F20}... it must make all reasonable efforts to notify the applicant for cremation or any person nominated by that person, by telephone on the number (or one of the numbers) provided, of the receipt of [F21] that certificate].
- (3) Within 48 hours, beginning with the time at which the cremation authority notifies the person under paragraph (2), that person may—
 - (a) at a time and place agreed with the cremation authority, inspect the medical certificate F22...; and
 - (b) make representations to the medical referee about any matter contained in [F23the] certificate or the inquiry made by the person who gave the certificate.
 - F17 Words in reg. 22 heading omitted (25.3.2022) by virtue of The Cremation (England and Wales) (Amendment) Regulations 2022 (S.I. 2022/218), regs. 1, 8(a)
 - F18 Words in reg. 22(1)(a)(i) omitted (25.3.2022) by virtue of The Cremation (England and Wales) (Amendment) Regulations 2022 (S.I. 2022/218), regs. 1, 8(b)
 - F19 Words in reg. 22(1)(a)(ii) substituted (25.3.2022) by The Cremation (England and Wales) (Amendment) Regulations 2022 (S.I. 2022/218), regs. 1, 8(c)
 - **F20** Words in reg. 22(2) omitted (25.3.2022) by virtue of The Cremation (England and Wales) (Amendment) Regulations 2022 (S.I. 2022/218), regs. 1, **8(d)**
 - **F21** Words in reg. 22(2) substituted (25.3.2022) by The Cremation (England and Wales) (Amendment) Regulations 2022 (S.I. 2022/218), regs. 1, **8(d)**
 - **F22** Words in reg. 22(3)(a) omitted (25.3.2022) by virtue of The Cremation (England and Wales) (Amendment) Regulations 2022 (S.I. 2022/218), regs. 1, 8(e)
 - F23 Word in reg. 22(3)(b) substituted (25.3.2022) by The Cremation (England and Wales) (Amendment) Regulations 2022 (S.I. 2022/218), regs. 1, 8(f)

Authorisation of cremation of the remains of a deceased person by medical referee

- **23.**—(1) A medical referee may not authorise a cremation under regulation 16(1)(d) unless the medical referee is satisfied—
 - (a) that the requirements of regulation 16(1)(a), (b) and (c) have been complied with;
 - (b) that the inquiry made by a person giving a certificate under regulation 16(1)(c) has been adequate;
 - (c) that the fact and cause of death of the deceased person have been definitely ascertained; and
 - (d) subject to paragraph (2), in any case where notification has been given under regulation 22(2),—
 - (i) at least 48 hours have passed since that notification was given; and
 - (ii) where [F24a certificate has] been inspected under regulation 22(3)(a), at least 24 hours have passed since the time of the inspection.
- (2) Where the medical referee is satisfied that a cremation authority has made all reasonable efforts to comply with regulation 22(2) but has been unable to do so within 48 hours, beginning with the time at which the cremation authority received the medical certificate F25..., the medical referee may authorise cremation of the remains of a deceased person.
 - (3) ...

- **F24** Words in reg. 23(1)(d)(ii) substituted (25.3.2022) by The Cremation (England and Wales) (Amendment) Regulations 2022 (S.I. 2022/218), regs. 1, 9(a)
- **F25** Words in reg. 23(2) omitted (25.3.2022) by virtue of The Cremation (England and Wales) (Amendment) Regulations 2022 (S.I. 2022/218), regs. 1, **9(b)**

Medical referee not satisfied about the cause of death of the deceased person

- **24.**—(1) Paragraph (2) applies if—
 - (a) the medical referee is not satisfied that the fact and cause of death of the deceased person have been definitely ascertained; or
 - (b) the death of the deceased person may have been violent or unnatural.
- (2) The medical referee may make a post-mortem examination of the body of the deceased person or request any person to do so if—
 - (a) the medical referee, or the person so requested by the medical referee, is entitled to make a post-mortem examination under the authority of a licence granted under section 16 of the 2004 Act (licence requirement) for that purpose; and
 - (b) the medical referee has obtained the appropriate consent for a post-mortem examination in accordance with the provisions of that Act.
- (3) If a certificate is given by the person who has made the post-mortem examination stating the cause of death to the satisfaction of the medical referee, the medical referee may authorise cremation of the remains of the deceased person.
 - (4) Paragraph (5) applies if—
 - (a) a post-mortem examination fails to satisfy the medical referee that the fact and cause of death have been definitely ascertained; or
 - (b) it appears to the medical referee that the cause of death is violent or unnatural, or there are other suspicious circumstances connected with the death of the deceased person, whether revealed in the medical certificate F26... or otherwise.
- (5) The medical referee may not authorise cremation of the remains of the deceased person unless an inquest is opened and a certificate is given under regulation 16(1)(c)(ii).
 - **F26** Words in reg. 24(4)(b) omitted (25.3.2022) by virtue of The Cremation (England and Wales) (Amendment) Regulations 2022 (S.I. 2022/218), regs. 1, **10**

Authorisation of cremation of body parts by medical referee

25. A medical referee may not authorise a cremation under regulation 19(d) unless the medical referee is satisfied that the requirements of regulation 19(a), (b) and (c) have been complied with.

Authorisation of cremation of a stillborn child by medical referee

- **26.** A medical referee may not authorise a cremation under regulation 20(1)(d) unless the medical referee is satisfied—
 - (a) that the requirements of regulation 20(1)(a), (b) and (c) have been complied with;
 - (b) that the examination made by the person giving the certificate under regulation 20(1)(c) (i) has been adequate; and
 - (c) that there is no reason for further examination.

Authorisation of cremation by medical referee – inquiries by medical referee

- **27.**—(1) Before authorising a cremation, a medical referee may make such inquiry as the medical referee thinks appropriate with regard to—
 - (a) an application for cremation;
 - (b) a certificate referred to in regulation 16(1)(c), 19(c)(i) or 20(1)(c)(i); or
 - (c) a declaration given under regulation 20(1)(c)(ii).
- (2) Inquiries under paragraph (1) may be made on the medical referee's own initiative or, in relation to a certificate given in accordance with regulation 17(1) and (2), as a result of representations made under regulation 22(3)(b).
- (3) If inquiries are made as a result of representations made under regulation 22(3)(b), the medical referee must inform the person who made the representations of the result of the inquiries made.

Refusal to authorise cremation

28. A medical referee who refuses to authorise a cremation must give written reasons to the applicant.

PART 5

Incineration

Incineration of body parts

- **29.**—(1) Body parts which are not cremated under regulation 19 may be incinerated in accordance with a permit which authorises the disposal of a matter [F27 falling within the description of code 18 01 02 or 18 01 03 in the List of Wastes].
 - (2) In this regulation—

[F28" incinerated" means burnt in an incinerator as part of an activity in Part B(b) in section 5.1 of Part 2 of Schedule 1 to the Environmental Permitting (England and Wales) Regulations 2016;]

[F29. List of Wastes" means the list of wastes established by Commission Decision 2000/532/EC replacing Decision 94/3/EC establishing a list of wastes pursuant to Article 1(a) of Council Directive 75/442/EEC on waste and Council Decision 94/904/EC establishing a list of hazardous waste pursuant to Article 1(4) of Council Directive 91/689/EEC on hazardous waste, as amended from time to time;]

"permit" means a permit granted under regulation 13 of [F30]the Environmental Permitting (England and Wales) Regulations 2016].

- **F27** Words in reg. 29(1) substituted (1.7.2015) by The Hazardous Waste (Miscellaneous Amendments) Regulations 2015 (S.I. 2015/1360), regs. 1(1), **5(a)** (with Sch. 2)
- **F28** Words in reg. 29(2) substituted (6.4.2018) by The Cremation (England and Wales) (Amendment) Regulations 2017 (S.I. 2017/1238), regs. 1, 5
- Words in reg. 29(2) substituted (1.7.2015) by The Hazardous Waste (Miscellaneous Amendments) Regulations 2015 (S.I. 2015/1360), regs. 1(1), **5(b)** (with Sch. 2)
- **F30** Words in reg. 29(2) substituted (1.1.2017) by The Environmental Permitting (England and Wales) Regulations 2016 (S.I. 2016/1154), reg. 1(1), **Sch. 29 para. 27** (with regs. 1(3), 77-79, Sch. 4)

PART 6

Disposal of ashes

Disposal of ashes

- **30.**—I^{F31}(1) Subject to paragraph (2) ..., after a cremation the cremation authority—
 - (a) must dispose of the ashes in accordance with the applicant's instructions for ashes; or
 - (b) in any case where the applicant does not give instructions for ashes, or where the ashes are not collected in accordance with those instructions, may dispose of the ashes in accordance with paragraph (3);

where "instructions for ashes" means the instructions given on the application form completed by the applicant, or any subsequent written instructions given by the applicant to the cremation authority.]

- [F31(2) In exceptional circumstances the cremation authority may at their discretion release the ashes to someone other than the applicant or the applicant's nominee.]
- (3) [F32Where paragraph (1)(b) applies, any ashes held] by a cremation authority must be decently interred in a burial ground or in part of a crematorium reserved for the burial of ashes, or scattered there.
- (4) In relation to ashes left temporarily in the care of a cremation authority, the authority may not inter or scatter the ashes [F33 unless the cremation authority has made reasonable attempts to give the applicant 14 days' notice of their intention to do so].
 - F31 Reg. 30(1)(2) substituted (6.4.2018) by The Cremation (England and Wales) (Amendment) Regulations 2017 (S.I. 2017/1238), regs. 1, 6(a)
 - **F32** Words in reg. 30(3) substituted (6.4.2018) by The Cremation (England and Wales) (Amendment) Regulations 2017 (S.I. 2017/1238), regs. 1, **6(b)**
 - **F33** Words in reg. 30(4) substituted (6.4.2018) by The Cremation (England and Wales) (Amendment) Regulations 2017 (S.I. 2017/1238), regs. 1, 6(c)

PART 7

Registration of cremations

Appointment of registrar

31. A cremation authority must appoint a registrar.

Functions of registrar

- **32.**—(1) A registrar must keep a permanent register of all cremations carried out by the cremation authority.
- (2) A registrar must, within 96 hours after cremation of the remains of a deceased person under regulation 16, send a notification of cremation to—
 - (a) the registrar of births and deaths for the sub-district in which the death took place; or
 - (b) in relation to deaths which took place outside England and Wales, the registrar of births and deaths for the sub-district in which the crematorium is situated.

Register kept by registrar

- **33.**—(1) The register kept under regulation 32(1) may either be kept in a book or kept electronically.
- (2) Entries in the register must include, where relevant, the following particulars in relation to a cremation—
 - (a) any number assigned by the cremation authority to the cremation;
 - (b) the date of the cremation;
 - (c) the name and sex of the person or stillborn child cremated;
 - (d) the address, occupation and age of the person cremated;
 - (e) whether the person cremated was married or a civil partner, a widow, widower or surviving civil partner, or single;
 - (f) the date on which the person cremated died or the stillbirth occurred;
 - (g) in relation to the cremation of body parts, the date and place of the burial or cremation of the body of the deceased person or stillborn child from whom the body parts came;
 - (h) the body part(s) cremated;
 - (i) the name and address of the applicant;
 - (j) the name and address of any person who—
 - (i) gave a certificate under regulation 16(1)(c), 19(c)(i) or 20(1)(c)(i);
 - (ii) produced evidence under regulation 19(c)(ii); or
 - (iii) gave a declaration under regulation 20(1)(c)(ii);
 - (k) the name and address of any person who has, in accordance with regulation 22(3)(a), inspected the medical certificate ^{F34}...;
 - (1) the sub-district where the death of the person cremated has been registered; and
 - (m) the way in which the ashes were disposed of.

| F34 | Words in reg. 33(2)(k) omitted (25.3.2022) by virtue of The Cremation (England and Wales) |
|-----|---|
| | (Amendment) Regulations 2022 (S.I. 2022/218), regs. 1, 11 |

Retention of documents relating to cremation

34.—(1) A cremation authority must keep the application for cremation and any certificates or other documents relating to a cremation, or an electronic copy of such documents, for a period of 15 years from the date of the cremation to which they relate.

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F^{35}(2)
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- (3) Where a crematorium is closed in accordance with regulation 3, the cremation authority must—
 - (a) dispose of any registers and documents relating to the cremations which have taken place in the crematorium in accordance with directions given by the Secretary of State; or
 - (b) if no such directions are given, send any registers or documents to the Secretary of State.

```
F35 Reg. 34(2) omitted (1.10.2016) by virtue of The Cremation (England and Wales) (Amendment) Regulations 2016 (S.I. 2016/883), regs. 1, 4
```

Inspection and copies of register and documents relating to cremation

- **35.**—(1) This regulation applies to a register kept under regulation 32(1) and to documents kept under regulation 34(1) ^{F36}... by a cremation authority.
 - (2) The register and documents—
 - (a) must be open to inspection by any person appointed for that purpose by—
 - (i) the Secretary of State; or
 - (ii) a chief officer of police (within the meaning given in section 101(1) of the Police Act 1996 M8); and
 - (b) may, with the permission of the cremation authority, be open to inspection by any other person.
- (3) The cremation authority may issue to any person a copy of, or an extract from, the register or a document.

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F36 Words in reg. 35(1) omitted (1.10.2016) by virtue of The Cremation (England and Wales) (Amendment) Regulations 2016 (S.I. 2016/883), regs. 1, 5

Marginal Citations
M8 1996 c. 16.
```

PART 8

Revocations, savings and transitional provisions

Revocations

36. Subject to the following regulations, the instruments specified in Schedule 2 are revoked.

Savings and transitional provisions

- **37.**—(1) Any person who, immediately before these Regulations come into force, was a medical referee or a deputy medical referee under regulation 10 of the 1930 Regulations shall be treated as a medical referee appointed under regulation 6(1) or a deputy medical referee appointed under regulation 6(2), as the case may be.
- (2) Any person who, immediately before these Regulations come into force, was a registrar under regulation 17 of the 1930 Regulations shall be treated as a registrar appointed under regulation 31.
 - [^{F37}(3) ...
 - (a) ...
 - (b) ...

...]

(4) In this regulation "the 1930 Regulations" means the Regulations made by the Secretary of State under section 7 of the Cremation Act 1902 and section 10 of the Births and Deaths Registration Act 1926 and dated the 28th October 1930 M9.

| Changes to legislation: | There are currently r | 10 known outstan | ding effects j | for the The |
|-------------------------|-----------------------|-------------------|----------------|--------------|
| Cremation (England and | d Wales) Regulations | 2008. (See end of | f Document | for details) |

| [F38(5 | (5) | |
|---------|---|--|
| (b | (b) | |
| (6) | | |
| (a | (a) | |
| | (b)] | |
| F37 | Reg. 37(3) substituted (6.4.2018) by The Crematic 2017 (S.I. 2017/1238), regs. 1, 7(a) | on (England and Wales) (Amendment) Regulations |
| F38 | Reg. 37(5)(6) inserted (6.4.2018) by The Crematic 2017 (S.I. 2017/1238), regs. 1, 7(b) | on (England and Wales) (Amendment) Regulations |
| Marg | ginal Citations | |
| М9 | S.R. & O. 1930/1016. | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| By auth | thority of the Secretary of State | |
| | | Bridget Prentice |
| Ministr | try of Justice | Parliamentary Under-Secretary of State, |

SCHEDULE 1

Regulation 14(1)

F39Forms

F39 Sch. 1 Form 8: in Part 2, in both places, word "area" substituted for word "district" (25.7.2013) by The Coroners and Justice Act 2009 (Commencement No. 15, Consequential and Transitory Provisions) Order 2013 (S.I. 2013/1869), art. 4, Sch. para. 4(4)(b)

[F40

F40 Sch. 1 Forms 1-3 substituted (6.4.2018) by The Cremation (England and Wales) (Amendment) Regulations 2017 (S.I. 2017/1238), regs. 1, 8, **Sch.**

Application for cremation of the body of a person who has died

Cremation 1
replacing Cremation
issued 2009

10.17

| or a person who has died | issued 2009 |
|--|------------------|
| This form can only be completed by a person who is at least 16 years of a Please complete this form in full, if a part does not apply enter 'N/A'. | ge. |
| Part 1 Details of the crematorium | |
| Name of crematorium where cremation will take place | |
| | |
| Name of funeral director | Telephone number |
| | |
| Part 2 Your details (the applicant) | |
| Your full name | |
| | |
| Address | Telephone number |
| | |
| | Email |
| | |
| | |
| | |
| Part 3 Details of the person who has died | |
| | |
| Full name | |
| Address | |
| | |
| | |
| | |
| | |
| Occupation or last occupation if retired or not in work at dat | te of death |

Regulation 16(1)(a) of the Cremation (England and Wales) Regulations 2008

| Part 3 | 3 continued | |
|--------|---|------------------|
| [| Age at date of death Sex Male Female | |
| | Status | |
| | married/civil partnership widow/widower/surviving civil | partner Single |
| Part 4 | 4 The application | |
| 1. | Are you a near relative or an executor of the person who has died? | ☐ Yes ☐ No |
| | Near relative means the widow, widower or surviving civil partner of the person who has died, or a parent or child of the person who has died, or any other relative usually residing with the person who has died. | |
| | If No, please give the nature of your relationship and explain why you making the application rather than a near relative or an executor. | u are |
| | | |
| 2. | Is there any near relative(s) or executor(s) who has not been informe proposed cremation? | ed of the Yes No |
| | If Yes, please give the name(s) and the reason(s) why they have not | been contacted. |
| | | |
| 3. | Has any near relative or executor expressed any objection to the proposed cremation? | ☐ Yes ☐ No |
| | If Yes, please give details. | |
| | | |
| 4. | What was the date and time of death of the person who has died? | |
| | Date Time | |
| | | |

2

continued over the page ⇒

Cremation 1

Part 4 continued

| 5. | Please give the address where the person died. |
|---------|---|
| | Address |
| | |
| | |
| | Please state whether it was the residence of the person who has died or a hotel, hospital, or nursing home etc. |
| | Their home Hospital Other (please specify) |
| | Hotel Nursing home |
| 6. | Do you know or suspect that the death of the person who has died was violent or unnatural? |
| 7. | Do you consider that there should be any further examination of the remains Yes No of the person who has died? |
| | If you have answered Yes to questions 6 or 7, please give reasons below. |
| | |
| 8. | What is the name, address and telephone number of the usual doctor of the person who has died? |
| | Doctor's name |
| | |
| | Address Telephone number |
| | |
| Cremati | ion 1 3 continued over the page ⇔ |

3

Part 4 continued

Cremation 1

| Please give the name, address and telephone number of the doctor(s) who attended the person who has died during their last illness. | | | | | | | | | | |
|--|---|--|--|--|--|--|--|--|--|--|
| Doctor's name | | | | | | | | | | |
| Address | Telephone number | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Doctor's name | J | | | | | | | | | |
| Address | Telephone number | | | | | | | | | |
| Addicoo | | | | | | | | | | |
| | | | | | | | | | | |
| Was any implant placed in the body which may become hazard the body is cremated (e.g. a pacemaker, radioactive device, be powered device or "Fixion" intramedullary nailing system)? | | | | | | | | | | |
| Implants may damage cremation equipment if not removed from the body of the deceased before cremation and some radioactive treatments may endanger the health of crematorium staff. | | | | | | | | | | |
| If Yes, please give details and state whether it has been removed. | | | | | | | | | | |
| | | | | | | | | | | |
| | has died during their last illness. Doctor's name Address Doctor's name Address Was any implant placed in the body which may become hazard the body is cremated (e.g. a pacemaker, radioactive device, be powered device or "Fixion" intramedullary nailing system)? Implants may damage cremation equipment if not removed from the deceased before cremation and some radioactive treatments may enhealth of crematorium staff. | | | | | | | | | |

4

Cremation 1

Changes to legislation: There are currently no known outstanding effects for the The Cremation (England and Wales) Regulations 2008. (See end of Document for details)

Part 5 Inspection of certificates

You are entitled to inspect the certificates (if any) given by doctors under regulation 16(1)(c)(i) of the Cremation (England and Wales) Regulations 2008 (forms Cremation 4 and Cremation 5). If you do not wish to inspect any such certificates yourself you may nominate another person to inspect them instead of you.

Such certificates will only be available for inspection at the offices of the cremation authority for 48 hours from the time that the cremation authority notifies you, or the person you have nominated, that the certificates are available to be inspected. You may take someone with you when you attend to inspect the certificates. If you, or the person nominated by you, do not attend to inspect the certificates at the time agreed with the cremation authority, the cremation may then proceed.

Please state if you would like to inspect the certificates given by the doctors or whether you would like to nominate someone else to do so instead and give a contact telephone number.

| _ | | | | | | | | |
|--------|---|--|--|--|--|--|--|--|
| 1 | If certificates are given by medical practitioners: | | | | | | | |
| (| I would like to inspect the certificates and | | | | | | | |
| | my contact telephone number is | | | | | | | |
| (| I nominate | | | | | | | |
| _ | to inspect the certificates and their contact telephone number is | | | | | | | |
| Part 6 | Applicant's instructions for ashes | | | | | | | |
| | Local practices regarding ashes vary and your funeral director or cremation authority will be able to advise you about these. Please then tick the relevant box to confirm whether you have chosen Option 1, 2 or 3 below for the ashes following this cremation, and provide further details in the relevant free text box. | | | | | | | |
| | | | | | | | | |
| t s | If you choose Option 1 or 2 you may alter your choice, confirmed in writing with your signature, before the cremation authority has made arrangements to implement your chosen option, so please advise your funeral director or the crematorium as soon as possible if you change your mind. | | | | | | | |
| | Option 1: Ashes to be scattered / interred / otherwise dealt with by the crematorium | | | | | | | |
| i | Please give further details of your wishes here, from the options offered by the crematorium, for instance where the ashes should be scattered / placed and when; and whether you wish this to be witnessed. | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

21

Part 6 continued

| tion 3: Ashes to be held awaiting your decision give further details of your wishes here, for instance where and for how long the ashes be held awaiting your decision. you have later made a decision, please confirm this, in writing with your signature, to your director or crematorium. |
|---|
| give further details of your wishes here, for instance where and for how long the ashes be held awaiting your decision. you have later made a decision, please confirm this, in writing with your signature, to your director or crematorium. |
| be held awaiting your decision. you have later made a decision, please confirm this, in writing with your signature, to your director or crematorium. Very of ashes |
| you have later made a decision, please confirm this, in writing with your signature, to your director or crematorium. |
| |
| |
| |
| a cuery effort heing made to recover only following a gramation, on your rare acceptance |
| e every effort being made to recover ashes following a cremation, on very rare occasions ularly with a cremation of stillborn children) there may be no recoverable ashes. If you ny questions about this, please ask your funeral director or crematorium. |
| tick the box below to confirm that you understand this and that you wish to proceed e cremation. |
| |
| ment of truth |
| for the body of the person who has died to be cremated and I certify that I am at 8 years of age. |
| that the facts given in this application are true. I am aware that it is an offence to wilfully make statement with a view to obtaining the cremation of any human remains. |
| ur full name |
| |
| Dated |
| |

Application for cremation of body parts

Cremation 2

replacing Cremation 2 issued in 2009

Body parts means material consisting of, or including, human cells from a deceased person or stillborn baby.

| Please co If your app | can only be completed by a person who is at least 16 years of age, mplete this form in full, if a part does not apply enter 'N/A'. plication is about a stillborn baby, replace the words 'person who had t this form with the words 'stillborn baby'. | s died' |
|--------------------------|---|--------------------|
| Part 1 I | Details of the crematorium | |
| | Name of crematorium where cremation will take place | |
| | Name of funeral director | Telephone number |
| Part 2` | Your details (the applicant) | |
| | Your full name | |
| | | |
| 1 | Address | Telephone number |
| | | Email |
| | | |
| Part 3 I | Details of the person who has died | |
| | se of a stillborn baby who has not been given a name, in pla insert a description sufficient to identify the baby. | ce of the name and |
| | Full name | |
| | | |
| | Address | 7 |
| | | |
| | | |

Regulation 19(a) of the Cremation (England and Wales) Regulations 2008

Part 3 continued

Cremation 2

| Near relative means the widow, widower or surviving civil partner of the person who has died, or a parent or child of the person who has died, or any other relative usually residing with the person who has died, or a parent of a stillborn baby. If No, please give the nature of your relationship and explain why you are making the application rather than a near relative or an executor. 2. Is there any near relative(s) or executor(s) who has not been informed of theYes | | The application Are you a near relative or an executor of the person who has died? No Near relative means the widow, widower or surviving civil partner of the person who has died, |
|---|----|--|
| 1. Are you a near relative or an executor of the person who has died? Near relative means the widow, widower or surviving civil partner of the person who has died, or a parent or child of the person who has died, or any other relative usually residing with the person who has died, or a parent of a stillborn baby. If No, please give the nature of your relationship and explain why you are making the application rather than a near relative or an executor. 2. Is there any near relative(s) or executor(s) who has not been informed of the Yes proposed cremation? If Yes, please give the name(s) and the reason(s) why they have not been contacted. | | Are you a near relative or an executor of the person who has died? Yes No Near relative means the widow, widower or surviving civil partner of the person who has died, |
| Near relative means the widow, widower or surviving civil partner of the person who has died, or a parent or child of the person who has died, or any other relative usually residing with the person who has died, or a parent of a stillborn baby. If No, please give the nature of your relationship and explain why you are making the application rather than a near relative or an executor. 2. Is there any near relative(s) or executor(s) who has not been informed of theYes | 1. | Near relative means the widow, widower or surviving civil partner of the person who has died, |
| or a parent or child of the person who has died, or any other relative usually residing with the person who has died, or a parent of a stillborn baby. If No, please give the nature of your relationship and explain why you are making the application rather than a near relative or an executor. 2. Is there any near relative(s) or executor(s) who has not been informed of the Yes proposed cremation? If Yes, please give the name(s) and the reason(s) why they have not been contacted. | | |
| 2. Is there any near relative(s) or executor(s) who has not been informed of the Yes proposed cremation? If Yes, please give the name(s) and the reason(s) why they have not been contacted. | | |
| proposed cremation? If Yes, please give the name(s) and the reason(s) why they have not been contacted. 3. Has any near relative or executor expressed any objection to the | | |
| proposed cremation? If Yes, please give the name(s) and the reason(s) why they have not been contacted. 3. Has any near relative or executor expressed any objection to the | | |
| proposed cremation? If Yes, please give the name(s) and the reason(s) why they have not been contacted. 3. Has any near relative or executor expressed any objection to the | | |
| proposed cremation? If Yes, please give the name(s) and the reason(s) why they have not been contacted. 3. Has any near relative or executor expressed any objection to the | | |
| 3. Has any near relative or executor expressed any objection to the | 2. | |
| , , , , | | If Yes, please give the name(s) and the reason(s) why they have not been contacted. |
| , , , , | | |
| , , , , | | |
| , , , , | | |
| proposed cremation? | | |
| • • | 3. | , , , , |
| If Yes, please give details. | 3. | proposed cremation? |
| | 3. | , , , , |
| | 3. | proposed cremation? |
| | 3. | proposed cremation? |
| | 3. | proposed cremation? |

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2

Part 4 continued

| 4. | What was the date and place of the dea | th or stillbirth? |
|----|--|--|
| | Date | Address |
| | | |
| | | |
| | | |
| | | |
| 5. | Please give the name and address of th body of the person who has died was bu | e cemetery, churchyard or crematorium where the uried or cremated. |
| | Name of cemetery, churchyard or crema | atorium |
| | | |
| | Address | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 6. | Please give the date that the burial or cr | remation took place. |
| | Date | |
| | / / / | |
| 7. | Please state whether the body parts we has died at a: | re removed from the body of the person who |
| | Coroner's post-mortem examination | Hospital post-mortem examination |
| | Other (please specify) | |
| | | |

Cremation 2

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3

| Part 4 | continued |
|--------|---|
| 8. | Do you consider that there should be any further examination of the remains of the person who has died? If Yes, please give reasons below. |
| | |
| Part 5 | Applicant's instructions for ashes |
| | Local practices regarding ashes vary and your funeral director or cremation authority will be able to advise you about these. |
| | Please then tick the relevant box to confirm whether you have chosen Option 1, 2 or 3 below for the ashes following this cremation, and provide further details in the relevant free text box. |
| | If you choose Option 1 or 2 you may alter your choice, confirmed in writing with your signature, before the cremation authority has made arrangements to implement your chosen option, so please advise your funeral director or the crematorium as soon as possible if you change your mind. |
| | Option 1: Ashes to be scattered / interred / otherwise dealt with by the crematorium |
| | Please give further details of your wishes here, from the options offered by the crematorium, for instance where the ashes should be scattered / placed and when; and whether you wish this to be witnessed. |
| | |
| | Option 2: Ashes to be collected from the crematorium |
| | Please give further details of your wishes here, such as who will collect the ashes (for instance you and / or another family member, the funeral director, or another specified person); and by which date, if known. The person collecting the ashes should bring a form of identification. |
| | |
| | |

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Cremation 2

Cremation 2

Document Generated: 2023-11-17

Changes to legislation: There are currently no known outstanding effects for the The Cremation (England and Wales) Regulations 2008. (See end of Document for details)

| Part 5 continued |
|--|
| Option 3: Ashes to be held awaiting your decision |
| Please give further details of your wishes here, for instance where and for how long the ashes should be held awaiting your decision. |
| When you have later made a decision, please confirm this, in writing with your signature, to your funeral director or crematorium. |
| |
| |
| |
| Part 6 Recovery of ashes |
| Despite every effort being made to recover ashes following a cremation, on very rare occasions (particularly with a cremation of stillborn children) there may be no recoverable ashes. If you have any questions about this, please ask your funeral director or crematorium. |
| Please tick the box below to confirm that you understand this and that you wish to proceed with the cremation. |
| |
| Part 7 Statement of truth |
| I apply for the following body parts of the person who has died to be cremated and I certify that I am at least 16 years of age. |
| Specify body parts to be cremated. |
| |
| |
| |
| I believe that the facts given in this application are true. I am aware that it is an offence to wilfully make a false statement with a view to obtaining the cremation of any human remains. |
| Print your full name |
| Signed Dated |
| Signed Dated |
| |
| |

Application for cremation of stillborn baby

Cremation 3

10.17

| stillborn baby | | issued 2009 |
|---|---------------------------|------------------|
| his form can only be completed by a perso lease complete this form in full, if a part do | | |
| art 1 Details of the crematoriu | ım | |
| Name of crematorium where | cremation will take place | |
| Name of funeral director | | Telephone number |
| Part 2 Your details (the applica | nt) | |
| Your full name | | |
| Address | | Telephone number |
| | | Email |
| | | |
| art 3 Details of the stillborn ba | aby | |
| the case of a stillborn baby who has sert a description sufficient to identify | | ce of the name |
| Full name of baby | | |
| Sex | Date of stillbirth | |

Regulation 20(1)(a) of the Cremation (England and Wales) Regulations 2008

Female

■ Male

Cremation 3

| Part 4 | The application | | |
|--------|--|-------------|----------|
| 1. | Are you a parent of the stillborn baby? | Yes | ☐ No |
| | If No, please give the nature of your relationship and explain why you are making the application. | | |
| | | | |
| | | | |
| | | | |
| 2. | Have both parents been informed of the proposed cremation? | ☐ Yes | ☐ No |
| | If No, please give the name of the parent and the reason(s) why they have no | ot been cor | ntacted. |
| | | | |
| | | | |
| | | | |
| | | | |
| 3. | Has a parent of the stillborn baby expressed any objection to the proposed cremation? | ☐ Yes | □No |
| | If Yes, please give details. | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4. | Please give the address where the baby was stillborn. | | |
| 1 | Address | | |
| | | | |
| | | | |
| | | | |
| | | | |
| , | Please state whether it was the applicant's own home, hospital etc. | | |
| | | | |
| | | | |

2

| 5. Do you know or suspect that the baby was not stillborn?6. Do you consider that there should be any further examination of the | ☐ Yes | |
|--|--------------|--------|
| | ☐ Yes | |
| 6. Do you consider that there should be any further examination of the | _ | ☐ No |
| stillborn baby's remains? | Yes | □No |
| If you have answered Yes to questions 5 or 6, please give reasons below. | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Part 5 Applicant's instructions for ashes | | |
| Local practices regarding ashes vary and your funeral director or cre will be able to advise you about these. | mation auth | ority |
| Please then tick the relevant box to confirm whether you have chosen Opti for the ashes following this cremation, and provide further details in the rele | | |
| If you choose Option 1 or 2 you may alter your choice, confirmed in writing before the cremation authority has made arrangements to implement your please advise your funeral director or the crematorium as soon as possible mind. | chosen optio | on, so |
| Option 1: Ashes to be scattered / interred / otherwise dealt with by | the cremat | orium |
| Please give further details of your wishes here, from the options offered by for instance where the ashes should be scattered / placed and when; and this to be witnessed. | | |
| | | |
| | | |
| | | |
| | | |
| Option 2: Ashes to be collected from the crematorium | | |
| Please give further details of your wishes here, such as who will collect the you and / or another family member, the funeral director, or another specifi which date, if known. The person collecting the ashes should bring a form | ied person); | and by |
| | | |
| | | |
| | | |
| | | |

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Cremation 3

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Changes to legislation: There are currently no known outstanding effects for the The Cremation (England and Wales) Regulations 2008. (See end of Document for details)

| Part 5 c | continued | |
|-----------|---|--|
| | Option 3: Ashes to be held awaiting your decision | ı |
| | Please give further details of your wishes here, for instanshould be held awaiting your decision. | ce where and for how long the ashes |
| | When you have later made a decision, please confirm the your funeral director or crematorium. | is, in writing with your signature, to |
| | | |
| | | |
| | | |
| Part 6 F | Recovery of ashes | |
| | Despite every effort being made to recover ashes following occasions (particularly with a cremation of stillborn children ashes. If you have any questions about this, please ask | ren) there may be no recoverable |
| | Please tick the box below to confirm that you understand with the cremation. | this and that you wish to proceed |
| | | |
| Part 7 | Statement of truth | |
| | I apply for the stillborn baby to be cremated and I certify | that I am at least 16 years of age. |
| | I believe that the facts given in this application are true. I am a a false statement with a view to obtaining the cremation of any | - |
| , | Print your full name | |
| Į | | |
| | Signed | Dated |
| | | |
| , | | |
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| | | |
| | | |
| | | |
| Cremation | 13 4 | |

| | lical certificate | 9 | | Cremation 4 8 Form B 5 |
|-------|---|-----------------------------|---|------------------------------|
| | can only be completed by a omplete this form in full, if a p | | | |
| art 1 | Details of the decea | ased | | |
| | Full name | | | |
| | Address | | | |
| | Address | | | |
| | | | | |
| | Occupation or last occur | pation if retired or not in | work at the date of death | |
| | | | | |
| | Where a past occupation disease, you should cons | | on may suggest that the death | was due to industrial |
| | | | ic deals to a colonici. | |
| art 2 | The report on the d | | | |
| 1. | What was the date and t | ime of death of the dec | 1_23.00 | |
| | Date// | | Time | |
| 2. | Please give the address | where the deceased dir | ed. | |
| | Address | | | |
| | | | | |
| | | | | |
| | | | | |
| | Please state whether it whome etc. | as the residence of the | e deceased or a hotel, hospital | I, or nursing |
| | | vas the residence of the | e deceased or a hotel, hospital Other (please specify) | |

| | Are you a relative of the deceased? | | Yes | ☐ No |
|----|---|----------------------------|-------|------|
| | If Yes, please give the nature of your relations | hip. | | |
| 4. | Have you, so far as you are aware, any pecur death of the deceased? | niary interest in the | ☐ Yes | □ No |
| | If Yes, please give details. | | | |
| 5. | Were you the deceased's usual medical pract | itioner? | ☐ Yes | □ No |
| | If Yes, please state for how long. | | | |
| | If No, please give details of your medical role | in relation to the decease | d. | |
| 6. | Please state for how long you attended the d their last illness? | eceased during | | |
| | their last illness? Please state the number of days and hours b | | th | |
| | their last illness? | | h | |
| 7. | Please state the number of days and hours be that you last saw them alive? Days Hours Please state the date and time that you saw to examination that you made of the body. | efore the deceased's deat | | |
| 7. | Please state the number of days and hours be that you last saw them alive? Days Hours Please state the date and time that you saw them the state of the same that you saw them the same that you saw the saw that you saw | efore the deceased's deat | | |
| 7. | Please state the number of days and hours be that you last saw them alive? Days Hours Please state the date and time that you saw to examination that you made of the body. | efore the deceased's deat | | |
| 7. | Please state the number of days and hours be that you last saw them alive? Days Hours Please state the date and time that you saw to examination that you made of the body. Date | efore the deceased's deat | | |
| 7. | Please state the number of days and hours be that you last saw them alive? Days Hours Please state the date and time that you saw to examination that you made of the body. Date | efore the deceased's deat | | |
| 7. | Please state the number of days and hours be that you last saw them alive? Days Hours Please state the date and time that you saw to examination that you made of the body. Date | efore the deceased's deat | | |

| and a | From your medical notes, and the observations of yourself and others immediately before and at the time of the deceased's death, please describe the symptoms and other conditions which led to your conclusions about the cause of death. | | | | |
|---|--|--------|------|--|--|
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| | | | | | |
| hospi medic of the | deceased died in a hospital at which they were an in-patient, has a tal post-mortem examination been made or supervised by a registere cal practitioner of at least five years' standing who is neither a relative deceased nor a relative of yours or a partner or colleague in the saming or a post of the saming of the same of the saming of the same of the sam | | □ No | | |
| hospi medic of the practi | tal post-mortem examination been made or supervised by a registere cal practitioner of at least five years' standing who is neither a relative | d | □ No | | |
| hospi medic of the practi If Yes | tal post-mortem examination been made or supervised by a registere- cal practitioner of at least five years' standing who is neither a relative deceased nor a relative of yours or a partner or colleague in the sam- ice or clinical team as you? , are the results of that examination known to you? "Five years' standing' means a medical practitioner who has been | d e | | | |
| hospi medik of the practi If Yes Note a fully least (Amei a lice | tal post-mortem examination been made or supervised by a registere- cal practitioner of at least five years' standing who is neither a relative deceased nor a relative of yours or a partner or colleague in the sam- ice or clinical team as you? , are the results of that examination known to you? | e Yes | | | |

| | Please give the cause of death | |
|-----|--|--|
| | | eath (this does not mean the mode of dying, such as hear disease, injury, or complication which caused death) |
| | | |
| | (b) Other disease or condition, if any, leading | y to (a) |
| | (c) Other disease or condition, if any, leading | ; to (b) |
| | | |
| | Other significant conditions contributing to condition causing it. | to the death but not related to the disease or |
| | | |
| | | |
| 12. | Did the deceased undergo any operation in the | e year before their death? Yes No |
| | If Yes, what was the date and nature of the op- | |
| | Date of operation | Who performed it |
| | Nature of operation | |
| | | |
| | | |
| | | |
| | | |
| 13. | Do you have any reason to believe that the operative deceased? | eration(s) shortened the life of |
| 13. | | eration(s) shortened the life of Yes No |

| 14. | Please give the full name and address details of any person who nursed the dast illness (Say whether professional nurse, relative, etc. If the illness was a lo should be answered with reference to the period of four weeks before the deal should be answered with reference to the period of four weeks before the deal should be answered with reference to the period of four weeks before the deal should be answered with reference to the period of four weeks before the deal should be answered with reference to the period of four weeks before the deal should be answered with reference to the period of four weeks before the deal should be answered with reference to the period of four weeks before the deal should be answered with reference to the period of four weeks before the deal should be answered with reference to the period of four weeks before the deal should be answered with reference to the period of four weeks before the deal should be answered with reference to the period of four weeks before the deal should be approximately the should be also before the deal should be answered with reference to the period of four weeks before the deal should be approximately the should be approximately | ng one, this | |
|-----|--|--------------|------|
| 15. | Were there any persons present at the moment of death? If Yes, please give the full name and address details of those persons and whether you have spoken to them about the death. | _ Yes | □ No |
| 16. | If there were persons present at the moment of death, did those persons have any concerns regarding the cause of death? If Yes, please give details | ☐ Yes | □ No |
| 17. | In view of your knowledge of the deceased's habits and constitution do you have any doubts whatever about the character of the disease or condition which led to the death? | Yes | □ No |
| 18. | Have you any reason to suspect that the death of the deceased was Violent Unnatural | Yes Yes | □ No |
| 19. | Have you any reason at all to suppose a further examination of the body is desirable? If you have answered Yes to questions 17, 18 or 19 please give details below. | ☐ Yes | □ No |
| | | | |
| | | | |

| | Has a coroner been informed about the death? | ☐ Yes | ☐ No |
|-----|---|--------|------|
| | If Yes, please state the outcome. | | |
| 21. | Has there been any discussion with a coroner's office about the death of the deceased? | ☐ Yes | □ No |
| | If Yes, please state the coroner's office that was contacted and the outcome of the discussions. | | |
| 22. | Have you given the certificate required for registration of death? If No, please give the full name and contact details of the medical | Yes | □ No |
| | practitioner who has Full name | | |
| | Address Telephone | number | |
| | | | |
| 23. | Was any hazardous implant placed in the body (e.g. a pacemaker, radioactive device or 'Fixion' intramedullary nailing system)? Implants may damage cremation equipment if not removed from the body of the deceased before cremation and some radioactive treatments may endanger the health of crematorium staff. | ☐ Yes | □ No |
| | If Yes, has it been removed? | Yes | No |

| Loostifus | that I am a registered medical | |
|-------------------------------------|--|--|
| and beli or unnat | lief and that I know of no reaso | en above is true and accurate to the best of my knowledge anable cause to suspect that the deceased died either a violent of which the cause is unknown or in a place or circumstance of any Act. |
| | vare that it is an offence to wilfu ion of any human remains. | ully make a false statement with a view to procuring the |
| Your full | l name | |
| Address | s | Telephone number |
| | | |
| | | |
| | | |
| Register | red qualifications | |
| | | |
| GMC R | deference number | |
| Signed | | Dated |
| Ogrico | | |
| | | |
| | I practitioner who signs it to the | be handed or sent in a closed envelope by, or on behalf of, the e medical practitioner who is to give the confirmatory medical estion 10 is answered in the affirmative, in which case the |
| medical | | to the medical referee at the cremation authority at which the |
| medical certifical certifical | ate must be so handed or sent ion is to take place. | |

F41 ...

Document Generated: 2023-11-17

Changes to legislation: There are currently no known outstanding effects for the The Cremation (England and Wales) Regulations 2008. (See end of Document for details)

F41 Sch. 1 Form 5 omitted (25.3.2022) by virtue of The Cremation (England and Wales) (Amendment) Regulations 2022 (S.I. 2022/218), regs. 1, **12**

[F42.

replacing Cremation 6 issued in 2022

| | d person | |
|-------------------------------|------------------------------------|---|
| Full name | | |
| Age at date of death | Sex | Date of death |
| | ☐ Male ☐ Female | |
| Place of death or where boo | ly found | |
| Registration district and sub | -district in which the death is to | be registered |
| | | |
| | | does not mean the mode of dying, it h) |
| , , , | · | • |
| | | |
| | | |
| (b) Other disease or cond | ition, if any, leading to (a) | |
| (b) Other disease or cond | ition, if any, leading to (a) | |
| (b) Other disease or cond | ition, if any, leading to (a) | |
| (b) Other disease or cond | | |
| | | |
| | | |
| | ition, if any, leading to (b) | |

| | 11. | causing it. | uling to the death | out not related to the | disease of condition |
|--------|-------|--|---------------------|------------------------|----------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | III. | Was any hazardous implant placed radioactive device or 'Fixion' intram | | | Yes No |
| | IV. | If yes to question III, please state v | /hether it has beer | n removed? | Yes No Don't know |
| | V. | If the answer to question ${\rm IV}$ is either and location. | er No or Don't knov | w, please give details | s of device type |
| | | | | | |
| | | | | | |
| | | | | | |
| Dort O | Cor | tification of coroner | | | |
| Part 2 | | tification of coroner | | | |
| | I cer | tify that: | | | |
| | | I have or had a duty under sectio investigation into the death of the | | | 009 to conduct an |
| | | the death of the deceased person investigation into the person's de | | e the British Islands | and no coronial |
| | | the body of the deceased person do stigation into the person's death. | oes not need to be | retained for the purp | ooses of a coronial |
| | Prin | your full name | | | |
| | | | | | |
| | Sigr | ed | | Coroner area | |
| | | | | | |
| | Date | | | | |
| | | | | | |

Part 3 Notification by Registrar of cremation

(Section 3(1) of the Births and Deaths Registration Act 1926)

| Name of deceased person | | |
|-------------------------|-------|--|
| | | |
| Date of death | | |
| Place of death | | |
| | | |
| was cremated on | | |
| Name of crematorium | | |
| Print your full name | | |
| Signed | Dated | |
| | | |

Cremation 6 3

F42 Sch. 1 Form 6 substituted (28.6.2022) by The Cremation (England and Wales) (Amendment) (No. 2) Regulations 2022 (S.I. 2022/611), reg. 1, **Sch.**

| Please co | emplete this form in full, if a part does not apply enter 'N/A'. | |
|-----------|--|---|
| Part 1 | Details of the deceased | |
| | Full name | |
| | Age at date of death Sex Male Female | Date of death |
| Part 2 | Certification of anatomical examination | |
| | I certify that the body of the deceased has undergone an a of a licence granted under the Human Tissue Act 2004 ¹ for | natomical examination under the authority r that purpose. |
| | The examination took place at | |
| | Your full name | |
| | Address | |
| | Registered qualifications | |
| | Signed | Dated / / / / / / / / / / / / / / / / / / / |

| | omplete this form in full, if a part does not apply enter "N/A". |
|--------|--|
| art 1 | Details of the deceased |
| | Full name |
| | |
| | Address |
| | |
| | |
| | Age at date of death Sex Date of death Male Female |
| | Place of death |
| | |
| | Deducants for release |
| art 2 | Body parts for release |
| art 2 | I confirm on behalf of (insert name and address of hospital trust or other authority lawfully holding the body parts) |
| art 2° | |
| art 2 | I confirm on behalf of (insert name and address of hospital trust or other authority lawfully holding the body parts) |
| art 2 | I confirm on behalf of (insert name and address of hospital trust or other authority lawfully holding the body parts) that the following body parts are held in respect of the deceased— |
| art 2 | I confirm on behalf of (insert name and address of hospital trust or other authority lawfully holding the body parts) |
| art 2 | I confirm on behalf of (insert name and address of hospital trust or other authority lawfully holding the body parts) that the following body parts are held in respect of the deceased— Heart Brain Chest Abdominal |

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Changes to legislation: There are currently no known outstanding effects for the The Cremation (England and Wales) Regulations 2008. (See end of Document for details)

| alete if t plicable | parts and that they are [with the consent of the coroner for the following district]¹ now released for cremation in a suitably safe and prepared condition. I am aware that it is an offence to wilfully make a false statement with a view to procuring the cremation of any human remains. |
|---------------------------|--|
| | Name of coroner's district (if applicable) |
| | Your full name |
| | Address |
| | |
| | Registered qualifications |
| | |
| | GMC reference number |
| | Signed Dated / / / |
| | |
| | |
| | |

| lease co | omplete this form in full, if a part does not apply enter 'N/A'. |
|----------|---|
| Part 1 | The stillborn child |
| | Full name of child or description |
| | Tall Hall to of children description |
| | Sex Date of stillbirth Male Female / / / / / / / / / / / / / / / / / / / |
| Part 2 | Certificate of stillbirth |
| | |
| | I am a registered medical practitioner |
| | midwife |
| | THOTHE |
| | |
| | I certify that I have examined the body of the stillborn child and can certify that the child was stillborn. I certify that the information I have given above is true and accurate to the best of my knowledge and belie I am aware that it is an offence to wilfully make a false statement with a view to procuring a cremation. |
| | I certify that I have examined the body of the stillborn child and can certify that the child was stillborn. I certify that the information I have given above is true and accurate to the best of my knowledge and belie |
| | I certify that I have examined the body of the stillborn child and can certify that the child was stillborn. I certify that the information I have given above is true and accurate to the best of my knowledge and belie I am aware that it is an offence to wilfully make a false statement with a view to procuring a cremation. |
| | I certify that I have examined the body of the stillborn child and can certify that the child was stillborn. I certify that the information I have given above is true and accurate to the best of my knowledge and belie I am aware that it is an offence to wilfully make a false statement with a view to procuring a cremation. |
| | I certify that I have examined the body of the stillborn child and can certify that the child was stillborn. I certify that the information I have given above is true and accurate to the best of my knowledge and belie I am aware that it is an offence to wilfully make a false statement with a view to procuring a cremation. Your full name |
| | I certify that I have examined the body of the stillborn child and can certify that the child was stillborn. I certify that the information I have given above is true and accurate to the best of my knowledge and belie I am aware that it is an offence to wilfully make a false statement with a view to procuring a cremation. Your full name Address |
| | I certify that I have examined the body of the stillborn child and can certify that the child was stillborn. I certify that the information I have given above is true and accurate to the best of my knowledge and belie I am aware that it is an offence to wilfully make a false statement with a view to procuring a cremation. Your full name |
| | I certify that I have examined the body of the stillborn child and can certify that the child was stillborn. I certify that the information I have given above is true and accurate to the best of my knowledge and belie I am aware that it is an offence to wilfully make a false statement with a view to procuring a cremation. Your full name Address |
| | I certify that I have examined the body of the stillborn child and can certify that the child was stillborn. I certify that the information I have given above is true and accurate to the best of my knowledge and belie I am aware that it is an offence to wilfully make a false statement with a view to procuring a cremation. Your full name Address Registered qualifications |

| | omplete this form in full, if a part does not apply enter "N/A". |
|-------|---|
| 2000 | unipate this form in full, if a part does not apply enter N/A. |
| art 1 | Details of the deceased |
| | Full name |
| | |
| | Address |
| | |
| | |
| | |
| | Occupation or last occupation if retired or not in work at date of death |
| | |
| art 2 | 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 |
| | Cremation authority |

| lease c | emplete 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 | Occupation or last occupation if retired or not in work at date of death Certification of person making post-mortem examination |
| Part 2 | Certification of person making post-mortem examination I certify that I have made a post-mortem examination of the remains of the deceased under the |
| Part 2 | Certification of person making post-mortem examination I certify that I have made a post-mortem examination of the remains of the deceased under the authority of a licence granted under the Human Tissue Act 2004 for that purpose and the appropriate |
| Part 2 | Certification of person making post-mortem examination I certify that I have made a post-mortem examination of the remains of the deceased under the authority of a licence granted under the Human Tissue Act 2004 for that purpose and the appropriate consents required by that Act having been obtained. |
| Part 2 | Certification of person making post-mortem examination I certify that I have made a post-mortem examination of the remains of the deceased under the authority of a licence granted under the Human Tissue Act 2004 for that purpose and the appropriate consents required by that Act having been obtained. I am satisfied that the cause of death was 1. (a) Disease or condition directly leading to death (this does not mean the mode of dying, such as heart |
| Part 2 | Certification of person making post-mortem examination I certify that I have made a post-mortem examination of the remains of the deceased under the authority of a licence granted under the Human Tissue Act 2004 for that purpose and the appropriate consents required by that Act having been obtained. I am satisfied that the cause of death was 1. (a) Disease or condition directly leading to death (this does not mean the mode of dying, such as heart |
| Part 2 | Certification of person making post-mortem examination I certify that I have made a post-mortem examination of the remains of the deceased under the authority of a licence granted under the Human Tissue Act 2004 for that purpose and the appropriate consents required by that Act having been obtained. I am satisfied that the cause of death was 1. (a) Disease or condition directly leading to death (this does not mean the mode of dying, such as heart failure, asphyxia, asthenia, etc: it means the disease, injury, or complication which caused death) |
| Part 2 | Certification of person making post-mortem examination I certify that I have made a post-mortem examination of the remains of the deceased under the authority of a licence granted under the Human Tissue Act 2004 for that purpose and the appropriate consents required by that Act having been obtained. I am satisfied that the cause of death was 1. (a) Disease or condition directly leading to death (this does not mean the mode of dying, such as heart failure, asphyxia, asthenia, etc: it means the disease, injury, or complication which caused death) |

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| 2. | Other significant conditions contributing to the death but not related to the disease or condition causing it. |
|-----|--|
| | I am satisfied that there is no reason for making any toxicological analysis. |
| | If a toxicology analysis has been made have the results been stated in this certificate or are they attached? |
| | I am satisfied that there is no reason for the holding of an inquest. |
| sho | ne cause of death is such as to require that an inquest be held, the coroner build issue a certificate and meet the costs of the post-mortem examination by fing the fee prescribed by the Secretary of State. |
| | n aware that it is an offence to wilfully make a false statement with a view to |
| OOL | aining the cremation of any human remains. |
| | aining the cremation of any human remains. Ir full name |
| You | |
| You | ir full name |
| Adk | dress |

| lease co | omplete this form in full, if a part does not apply enter 'N/A'. |
|----------|--|
| Part 1 | The deceased/stillborn child |
| | In the case of a stillborn child who has not been given a name, insert a description sufficient to identify the body. |
| | Full name |
| | Address |
| | |
| | |
| Part 2 | |
| Part 2 | Authorisation by medical referee |
| Part 2 | Authorisation by medical referee An application has been made for the cremation of the body parts of the deceased/stillborn child. |
| Part 2 | |
| Part 2 | An application has been made for the cremation of the body parts of the deceased/stillborn child. I am satisfied that the requirements of the Cremation (England and Wales) Regulations 2008 have |
| Part 2 | An application has been made for the cremation of the body parts of the deceased/stillborn child. I am satisfied that the requirements of the Cremation (England and Wales) Regulations 2008 have been complied with. Accordingly, I authorise the Registrar of the following crematorium to cremate the remains of the |
| Part 2 | An application has been made for the cremation of the body parts of the deceased/stillborn child. I am satisfied that the requirements of the Cremation (England and Wales) Regulations 2008 have been complied with. Accordingly, I authorise the Registrar of the following crematorium to cremate the remains of the deceased within that crematorium— |
| Part 2 | An application has been made for the cremation of the body parts of the deceased/stillborn child. I am satisfied that the requirements of the Cremation (England and Wales) Regulations 2008 have been complied with. Accordingly, I authorise the Registrar of the following crematorium to cremate the remains of the deceased within that crematorium— Name of crematorium |

| | omplete 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— |
| | |
| | within that crematorium— |
| | within that crematorium— Name of crematorium |
| | within that crematorium— Name of crematorium Print your full name |
| | Name of crematorium Print your full name Cremation authority |

SCHEDULE 2

Regulation 36

Instruments revoked

| Instruments revoked | Reference |
|---|----------------|
| Regulations, dated 28thOctober 1930, made by the Secretary of State under section 7 of the Cremation Act 1902 and section 10 of the Births and Deaths Registration Act 1926 | |
| The Cremation Regulations 1952 | S.I. 1952/1568 |
| The Cremation Regulations 1965 | S.I. 1965/1146 |
| The Cremation Regulations 1979 | S.I. 1979/1138 |
| The Cremation (Amendment) Regulations 1985 | S.I. 1985/153 |
| The Cremation (Amendment) Regulations 2000 | S.I. 2000/58 |
| The Cremation (Amendment) Regulations 2006 | S.I. 2006/92 |

EXPLANATORY NOTE

(This note is not part of the Regulations)

These Regulations revoke and replace the Regulations made by the Secretary of State under section 7 of the Cremation Act 1902 and section 10 of the Births and Deaths Registration Act 1926, dated 28thOctober 1930. They reproduce many of the provisions made in the 1930 Regulations and introduce some new provisions.

Part 2 sets out the requirements for the maintenance and inspection of crematoria. Part 3 contains the provisions relating to a medical referee. Provision is made so that more than one deputy medical referee may be appointed and for a deputy medical referee to perform the functions of the medical referee in a wide range of circumstances. A medical referee or a deputy may also perform the functions of the medical referee appointed for another cremation authority in an emergency. Part 4 sets out the conditions under which cremations may take place, in particular, the documentation that must be provided before a cremation may be authorised. The forms in Schedule 1 to the Regulations must be used in the cases to which they apply.

Regulation 22 makes new provision so that where the person who applied for the cremation, or someone nominated by that person, has given a contact telephone number to the cremation authority, the cremation authority is required to make all reasonable attempts to notify that person when the medical certificates giving details as to the deceased's cause of death are available for inspection. The applicant, or the person nominated by them, then has 48 hours to inspect the certificates and make any representations to the medical referee.

Regulation 23(2) enables a medical referee to authorise a cremation if satisfied that the cremation authority has made all reasonable efforts to make contact with the person who has given their contact telephone number to the cremation authority but has been unable to do so within 48 hours from the time it received the certificates.

Part 5 deals with the incineration of body parts, Part 6 deals with the disposal or interment of ashes, and Part 7 with the registration of cremations and the preservation of the documents relating to the cremation.

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Changes to legislation: There are currently no known outstanding effects for the The Cremation (England and Wales) Regulations 2008. (See end of Document for details)

Part 8 contains revocations, savings and transitional provisions. Medical referees, deputy medical referees and registrars appointed under the 1930 Regulations are treated as having been appointed under these Regulations. The forms in the Schedule to the 1930 Regulations can continue to be used in relation to a cremation held before 1st February 2009.

A partial regulatory impact assessment of the effect that this instrument will have on the costs of business and the voluntary sector is available from the Coroners Unit, Ministry of Justice, 2nd floor tower (2.39), 102 Petty France, London SW1H 9AJ and can be found at http://www.justice.gov.uk/publications/cp1107.htm.

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