

**EMBALMERS CERTIFICATE IN RELATION TO PACEMAKERS AND  
OTHER BATTERY-POWERED DEVICES  
(THIS FORM SHOULD ACCOMPANY FORM BA)**

I confirm that I have examined the body of:

[Full name of deceased]:

.....

[Address]:

.....

[Occupation]:

.....

*Please select the statement that applies:*

I am unable to detect a cardiac pacemaker or any other battery-powered device.

**or**

I have removed a cardiac pacemaker or battery-powered device from the body

Date: .....

Name: .....

Signature: .....

Registered Qualifications: .....