

THE CREMATION REGULATIONS 1973

**CERTIFICATE IN RELATION TO PACEMAKERS AND OTHER
BATTERY-POWERED DEVICES**

I certify that I have examined the body of:

[Full name of deceased]:

.....

[Address]:

.....

[Occupation]:

.....

Please select the statement that applies:

I am satisfied that the body does not contain a cardiac pacemaker or any other battery-powered device.

or

The body contains a [specify type:] cardiac pacemaker or battery-powered device, and I am satisfied that this is not a device that needs to be removed before cremation

or

The body contains a [specify type:] cardiac pacemaker or battery-powered device that must be removed before cremation

Date:

Signature:

Registered Qualifications:

Address: