

CREMATION REGULATIONS 1973
CERTIFICATE OF MEDICAL PRACTITIONER OR NURSE
PRACTITIONER
(DEATHS FROM NATURAL CAUSES IN LONG-TERM RESIDENTIAL
CARE OR SPECIALIST PALLIATIVE CARE IF MEDICAL
PRACTITIONER OR NURSE PRACTITIONER HAS NOT SEEN AND
IDENTIFIED BODY)

I have been informed that an application will be made for the cremation of the body of:

[Full name of deceased]:

.....

[Address]:

.....

[Occupation]:

.....

As a medical practitioner or nurse practitioner who is required or permitted by section 46B(2) of the Burial and Cremation Act 1964 to give a certificate of cause of death (as defined in section 2(1) of that Act) for the death, I give the following answers to the questions set out below:

1. On what date and at what hour did the deceased die? [*specify*]
2. Where did the deceased die? [*give address and say whether own residence, lodgings, hotel, hospital, nursing-home, etc.*]
.....
3. Are you a relative of the deceased? Yes / No [*select one*]
If **yes**, state the relationship:
4. Have you, so far as you are aware, any pecuniary interest in the death of the deceased? Yes / No [*select one*]
If **yes**, specify the nature of the interest:
5. Were you the ordinary medical practitioner or nurse practitioner of the deceased? Yes / No [*select one*]
If **yes**, for how long? [*state how many weeks, months, or years*]:
6. For how long did you attend the deceased before the deceased's death? [*state how many weeks, months, or years*]
.....

7. When did you last see the deceased alive? [state how many hours or days before death]

.....

8. Has a health practitioner identified the body? Yes / No [select one]

If **yes**, answer the following questions:

(a) Who was it? [specify the name, profession, registration number, and contact details of the health practitioner]

.....

(b) Did the health practitioner verify that the deceased is dead? Yes / No [select one]

.....

(c) Did the health practitioner consider that the circumstances of the death were consistent with the deceased dying from natural causes? Yes / No [select one]

(d) What enquiries did you make to determine that the health practitioner identified the body, verified the death of the deceased, and assessed that the circumstances of the death were consistent with the deceased dying from natural causes? [specify]

.....

.....

9. What was the direct cause of death? [specify the injury or condition that directly caused the death or assisted dying and the time interval between the onset of the condition and death in years, months, or days]

Period elapsing between onset of each condition and death (years, months, or days).

Interval:

.....

.....

10. What was the antecedent cause of death (if any)? [specify any morbid condition(s) that gave rise to the direct cause of death (from most recent to oldest) and the time interval between the onset of the condition and death in years, months, or days]

Interval:

.....

.....

11. Did another condition contribute to death, e.g., another acute or chronic disease, substance use or abuse, or a dangerous occupation? Y/N [select one]

If **yes**, which condition and what was the time interval between the onset of the condition and death in years, months, or days?

Interval:

.....

.....

12. In relation to the causes of death and the duration of such causes, state to what extent your answers are founded on your own observations or on statements made by others. If on statements made by others, give their names and their relationship to the deceased: [specify]

.....

.....

13. What was the mode of death? *[specify]*

14. Did the deceased undergo any operation during the final illness or within a year before death?

Yes / No *[select one]*

If **yes**, what was its nature, when was it performed, and who performed it?

.....

15. Who nursed the deceased during their last illness? *[If the death occurred in a hospital, rest home, or hospice facility, this question may be answered by referring generally to the nursing staff in a specified ward, rest home, or hospice facility, but otherwise give names and say whether professional nurse, relative, etc. If the illness was a long one, this question should be answered with reference to the period of 4 weeks before death.]*

.....

16. Besides yourself, which other medical practitioners or nurse practitioners (if any) attended the deceased during their last illness? *[specify]*

.....

17. In view of your knowledge of the deceased's habits and constitution, do you feel any doubt as to the cause of the deceased's death? *[specify]*

.....

18. Do you know, or have you any reason to suspect, that the death of the deceased was due, directly or indirectly, to –

(a) violence: Yes / No *[select one]*

(b) poison: Yes / No *[select one]*

(c) privation or neglect: Yes / No *[select one]*

(d) an illegal operation: Yes / No *[select one]*

If you answered **yes** to any of paragraphs (a) to (d), give reasons.

.....

.....

.....

.....

19. Have you any reason to think that there should be a further examination of the body? *[specify]*

.....

20. Have you given the certificate of cause of death (as defined in section 2(1) of the Burial and Cremation Act 1964) for the death? *[specify]*

.....

I certify that –

- (a) The answers given above are true and accurate to the best of my knowledge and belief; and
- (b) In my opinion the death was not unexpected; and
- (c) I am not aware of any circumstances that give rise to a suspicion that the death was due wholly or partly to any cause other than that stated that would mean it is undesirable to cremate the body.

Date:

Signature:

Registered Qualifications:

Address:

NOTE – This certificate must be handed or sent in a closed envelope by the medical practitioner or nurse practitioner who signs it to a Medical Referee.