



Ministry of  
**JUSTICE**

# **Cremation Regulations 2008**

## Guidance for cremation authorities and crematorium managers

3 November 2008

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## The new regulations

1. The Cremation Regulations 2008 come into effect on 1 January 2009. They modernise and consolidate all previous regulations, replacing the Cremation Regulations 1930 as amended. A copy of the regulations is attached to this guidance. The previous forms may be used for a transitional period of one month, that is until 31 January 2009.
2. All cremation managers should familiarise themselves with the text of the new regulations. There are very few policy changes which require different procedures. The only significant one is that applicants now have the right to inspect the medical forms (forms Cremation 4 and Cremation 5) before the medical referee authorises the cremation. We expect the numbers of applicants wishing to exercise this right to be relatively low but we will keep the position under close review. Where a post-mortem examination is requested by the medical referee, we also consider that the applicant should, on request, be able to have a copy of the post mortem examination report.
3. A more minor change is that the countersignature on the application form is no longer required.
4. The forms make it clear that it is a criminal offence under the Cremation Act 1902 to wilfully make a false statement in order to procure a cremation.

## Cremation of non-viable foetal remains

5. Foetal remains under 24 weeks gestation are not subject to the provisions of the Cremation Act or regulations. Further information about the disposal of such remains is published by the Human Tissue Authority and the Stillbirth and Neonatal Death Society (SANDS).

(See the Human Tissue Authority Code of Practice, 'The removal, storage and disposal of human organs and tissue (Code 5), published July 2006; and the SANDS 'Pregnancy Loss and Death of Baby – Guidelines for Professionals', chapters 16 and 17 (hard copies are available from SANDS Head Office 020 7436 7940.)

## The forms

6. It is important that you fully adhere to the statutory wording on the forms. The only adaptations which you may make are to add the name and address of the crematorium together with contact details. You should not add marginal notes or explanations. Medical referees have been instructed to reject forms which do not follow the statutory wording.

7. There are 13 forms which are explained at **Annex A**.

## Annex A

### Form Cremation 1 – Application for Cremation of Remains of Deceased Person (replacing form A)

1. Cremation managers should ensure that all parts of the form have been completed before the form is passed to your medical referee. However, a form should not be rejected solely because, for example, the applicant does not know the postcode of the place of death or deceased person's medical practitioner. We are encouraging funeral directors to assist applicants in providing such information.
2. Question 10 asks about hazardous implants. The medical referee will need to check the information provided carefully and compare it with that provided by the certifying doctor. The funeral director may also be able to provide information or confirm that the implant has been removed.
3. Part 5 of the form deals with applicants' **right to inspect** the medical forms (forms Cremation 4 and Cremation 5) before the medical referee authorises cremation. We expect funeral directors to advise the applicant of the right in neutral terms and neither to encourage nor deter applicants from exercising it (we have suggested a form of wording). Clearly if the death needs to be referred to the coroner after form Cremation 1 has been completed, and it then requires a post-mortem examination to be held or an inquest to be opened, the right of inspection will no longer apply as there will be no forms Cremation 4 and Cremation 5 to inspect.
4. To avoid any delay to the funeral by the applicant inspecting the forms, you should encourage funeral directors and medical practitioners to ensure that the forms Cremation 1, Cremation 4 and Cremation 5 are received as soon before the date of the funeral as possible. The applicant may delegate inspection to a nominee or be accompanied by someone. You should make every effort to ensure that the applicant can inspect the forms in private although we appreciate that it may not always be easy to find a suitable place.
5. The applicant should not be charged a fee to inspect the forms. However, if he or she wants a medical explanation for the cause of death they should be advised that the medical referee may charge a fee for this (that is entirely a matter for the medical referee).

On the other hand, if the applicant wishes to draw the medical referee's attention to an (alleged) inconsistency or inaccuracy within the medical forms then there should be no charge for so doing. Cases where the cause of death is not considered by the medical referee to be natural need to be referred to the local coroner for further consideration.

6. The inspection should take place at least 24 hours before the funeral is due to take place in order that any further investigation or clarification is carried out by the medical referee or others. The family may wish that the funeral service go ahead but that the cremation is deferred in case the coroner wishes the body to be examined. In such cases it will be necessary for the body to be returned to the funeral directors pending any final decision by the coroner. We anticipate that cases like these will be extremely rare.

7. We do not expect there will be great demand for inspection, given that the more 'difficult' cases will have already been referred to the coroner for investigation, and that the vast majority of families have no concerns with the death. Regulation 32 requires the registrar of each cremation authority to keep a register of cremations and one of the particulars that is required to be kept is the name and address of any person who exercises the new right to inspect the medical certificates. As we shall be reviewing the operation of the new right it would also be very helpful if you would send us details of the cases where the forms have been inspected.

## **Form Cremation 2 – Application for Cremation of Body Parts (replacing form AA)**

8. There is no right to inspect the associated certificate releasing body parts for cremation (form Cremation 8) because it provides no information about the cause of death and the body will have already been cremated or buried.

### **Form Cremation 3 – Application for Cremation of Stillborn Baby**

9. You should ensure that the form Cremation 3 is either accompanied by a form Cremation 9 (certificate of stillbirth) or by a declaration given by a person who can give information concerning the birth (see regulation 20(2)). Where the stillbirth took place outside England and Wales, a broadly equivalent form to form Cremation 9 can be given (please refer to regulation 14(4)). There is no right to inspect the certificate of stillbirth as there is no cause of death.

### **Form Cremation 4 – Medical Certificate (replacing form B)**

10. You should ensure that all questions have been answered before passing the forms to the medical referee. All doctors must be fully registered with the General Medical Council (GMC).

### **Form Cremation 5 – Confirmatory Medical Certificate (replacing form C)**

11. Medical referees have been given information about the eligibility of doctors from the European Economic Area (EEA) whose periods of qualification before full registration with the GMC may count towards the five-year period and is attached at **Annex B**. It is very important that doctors from outside the EEA and with less than five years' full registration do not sign form Cremation 5. You should reject forms completed by such doctors and advise the funeral director so that any fees paid can be refunded or transferred to a suitably qualified doctor.

### **Form Cremation 6 – Certificate of Coroner (replacing form E)**

12. The space for the cause of death to be recorded should not be left blank (even if the cause is unascertained).

### **Form Cremation 7 – Certificate following Anatomical Examination (replacing form H)**

13. The form refers to licences granted under the Human Tissue Act 2004 but it can be adapted to deal with older anatomical remains where disposal of the body has been delayed.

### **Form Cremation 8 – Certificate releasing Body Parts for Cremation (replacing form DD)**

14. The body parts must belong to a named person. Anonymous material should be incinerated.

### **Form Cremation 9 – Certificate of Stillbirth**

15. This form should be linked with form Cremation 3 and the appropriate registration document. If the medical referee is satisfied that cremation can take place, he or she will authorise it on form Cremation 13. The form may be completed by a registered midwife as well as by a fully registered medical practitioner.

## **Form Cremation 10 – Authorisation of Cremation of Deceased Person by Medical Referee (replacing form F)**

16. The medical referee will authorise cremation of a deceased person after he or she is satisfied by the information on form Cremation 1, form Cremation 4, form Cremation 5, form Cremation 6 or form Cremation 7 as well as the registration document where registration is required before cremation can take place (this will not be necessary in cases involving the coroner).

17. If the applicant or the applicant's nominee has asked to inspect the medical forms you may wish to advise the medical referee. However, if the applicant or nominee has no concerns to raise with the medical referee or does not wish to seek advice from the referee there is no overwhelming need to do so. If the applicant or nominee has made it clear to staff at the crematorium that they wish to raise matters of concern with a coroner authorisation of the cremation should not take place until these have been resolved. You will need to be in close liaison with the funeral directors and the coroner's office while the situation remains unresolved.

## **Form Cremation 12 – Authorisation of Cremation of Body Parts by Medical Referee (replacing form FF)**

18. The medical referee will only authorise cremation after consideration of a form Cremation 2 and form Cremation 8 and the appropriate registration documentation.

## **Form Cremation 13 – Authorisation of Cremation of Remains of Stillborn Child by Medical Referee**

19. The medical referee will only authorise cremation of a stillborn baby after having considered forms Cremation 3 and either Cremation 9 (or the overseas equivalent) or a declaration given by a person who can give information concerning the birth and the appropriate registration document.

## **Form Cremation 11 – Certificate after Post-Mortem Examination**

20. You will need to decide whether you or the family will pay for any post-mortem examination ordered by the medical referee and that all the relevant provisions of the Human Tissue Act 2004 are met. These include any necessary consent from the applicant or other family member for the post-mortem examination to take place, that the pathologist is duly licensed by the Human Tissue Authority 2004 and that the place where the post-mortem is to take place is also duly licensed.

## **Further information**

21. This guidance is not exhaustive. If you have any further queries or need further information about the new regulations please contact Brian Patterson on 020 3334 6404 ([brian.patterson@justice.gsi.gov.uk](mailto:brian.patterson@justice.gsi.gov.uk)).

## Annex B

### European Economic Area

#### European Union Members: Universities where Primary European Qualifications can be obtained within each state

**Austria** – Graz, Innsbruck, Salzburg, Salzburg (Paracelsus), Vienna (Wien)

**Belgium** – Antwerp, Brussels, Diepenbeek (Limburg), Gent, Louvain (Leuven), Liege, Mons, Namur

**Bulgaria** – Pleven, Plovdiv, Sofia, Trakia (Thrace), Varna

**Cyprus** – Medical Council of Cyprus (equivalent to General Medical Council)

**Czech Republic** – Brno (Masaryk Univ.), Hradec Kralove, Pilsen, Prague (Charles University), Olomouc

**Denmark** – Aarhus, Copenhagen, Syddansk (Odense)

**Estonia** – Tartu

**Finland** – Helsinki, Kuopio, Oulu, Tampere, Turku

**France** – Aix-Marseille, Amiens (Jules Verne), Angers, Besançon (Franche-Comté), Bordeaux (Victor Segalen), Brest (Bretagne), Caen, Clermont-Ferrand (Auvergne), Dijon, Grenoble, Univ Scientifique et Medicale Grenoble, Lille, Henri Warembourg de Lille, Limoges, Lyon-Sud, Lyon (Univ Claude-Bernard), Lyon (Alexis-Carrel), Montpellier-Nimes, Nancy, Nantes, Nice, Paris (Denis Diderot), Paris (Pierre et Marie Curie), Paris (René Descartes), Paris-Sud, Paris Val de Marne (Creteil), Poitiers, Reims, Rennes, Rouen, St Etienne, Strasbourg, Toulouse, Tours

**Germany** – Aachen, Berlin (Freiuniversität), Berlin (Humboldt), Bochum, Bonn, Dresden, Düsseldorf, Erlangen-Nürnberg, Essen, Frankfurt-am-Main, Freiburg im Breisgau, Giessen, Göttingen, Greifswald, Halle/Wittenberg, Hamburg, Hannover, Heidelberg, Homburg, Jena, Kiel, Köln (Cologne), Leipzig, Lübeck, Magdeburg, Mainz, Mannheim, Marburg, München (Ludwig-Maximilians), München (Technische), Münster, Regensburg, Rostock, Ulm, Witten-Herdecke, Tübingen, Würzburg

**Greece** – Alexandroupolis (Thrace), Athens (National), Crete, Ioannina, Patras, Larissa (Thessaly) Thessaloniki

**Hungary** – Semmelweis/Budapest, Debrecen, Pécs, Szeged

**Iceland** – Reykjavik

**Ireland** – Cork, Dublin (RCS), University College Dublin, Galway,

**Italy** – Ancona, Bari, Bologna, Brescia, Cagliari, Catania, Catanzaro (Reggio-Calabria), Chieti (D'Annunzio), Ferrara, Firenze, Genova, Messina, Milano, Modena, Napoli, Napoli (Federico II), Padova, Palermo, Parma, Pavia, Perugia, Pisa, Roma, Rome (Campus Bio-Medico), Sassari, Siena, Torino, Trieste, Udine, Varese, Verona

**Latvia** – Riga (Stradins), University of Latvia (Riga)

**Liechtenstein** – Nil

**Lithuania** – Kaunas, Vilnius

**Luxembourg** – Nil

**Malta** – Univ of Malta (Msida)

**Netherlands** – Amsterdam, Amsterdam (Vrije) Groningen, Leiden, Maastricht, Nijmegen, Rotterdam (Erasmus), Utrecht

**Norway** – Bergen, Oslo, Tromsø, Trondheim

**Poland** – Bialystok, Bydgoszcz, Gdansk, Krakow (Jagiellonian), Lodz (Military), Lublin, Poznan, Szczecin, Warsaw (Academy and Postgraduate), Wroclaw

**Portugal** – Beira, Coimbra, Lisbon, Porto (Abel Salazar) Porto

**Romania** – Arad, Brasov, Bucharest, Cluj-Napoca, Constanta, Craiova, Iasi, Muras, Oradea, Sibiu, Targu Timisoara

**Slovakia** – Bratislava, Kosice

**Slovenia** – Ljubljana

**Spain** – Albacete (Castillo la Mancha), Alcalá, Alicante, Badajoz (Extremadura), Barcelona, Barcelona (Autonoma), Barcelona (Pompeu Fabra), Cádiz, Córdoba, Granada, La Laguna Las Palmas de Gran Canaria, Lleida, Madrid (San Pablo), Madrid (Autonoma), Madrid (Complutense), Málaga Murcia, Pamplona (Navarra), Oviedo, Reus (Tarragona/Rovira Virgili) Salamanca, San Sebastian (Pais Vasco), Santa Cruz de Tenerife, Santander (Cantabria), Sevilla, Tenerife, Valencia, Valladolid, Zaragoza

**Sweden** – Göteborg, Linköping, Lund, Stockholm (Karolinska), Umeå, Uppsala

**Switzerland\*** – Basel, Bern, Genève, Lausanne, Zürich

**United Kingdom** – five years' registration required wherever qualified

\*Swiss nationals benefit from EC freedom of movement legislation.

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