

**2024 No. 00**

**LOCAL GOVERNMENT**

**The Local Government Cremation Regulations (Northern  
Ireland) 2024**

*Made* - - - - - \*\*\*

*Coming into operation* - - - - - \*\*\*

The Department for Communities(a) makes the following Regulations in exercise of the powers conferred by Article 17 of the Local Government (Miscellaneous Provisions) (Northern Ireland) Order 1985(b), and now vested in it(c).

**PART 1**

**Preliminary**

**Citation and commencement**

1. These Regulations may be cited as the Local Government Cremation Regulations (Northern Ireland) 2024 and shall come into operation on \*\*.

**Interpretation**

2. In these Regulations—

“the 1959 Act” means the Coroners Act (Northern Ireland) 1959(d);

“the 1976 Order” means the Births and Deaths Registration (Northern Ireland) Order 1976(e);

“the 1983 Act” means the Medical Act 1983(f);

“the 1961 Regulations” means the Cremation (Belfast) Regulations (Northern Ireland) 1961(g);

“the 1992 Regulations” means the Burial Grounds Regulations (Northern Ireland) 1992(h)

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(a) Formerly known as the Department for Social Development; see the Departments Act (Northern Ireland) 2016 c. 5 (N.I.).  
(b) S.I. 1985/1208 (N.I. 15).  
(c) See S.R. 2016 No. 76, Article 8 of and Schedule 5 to the Departments (Transfer of Functions) Order (Northern Ireland) 2016 transferred functions to the Department for Communities which were previously exercisable by the Department of the Environment.  
(d) 1959 c. 15.  
(e) S.I.1976/1041 (N.I. 14).  
(f) 1983 c. 54.  
(g) S.R. 1961 No. 61.  
(h) S.R. 1992 No. 238.

“the 2004 Act” means the Human Tissue Act 2004(a);

“applicant” means the person making an application for cremation in accordance with regulation 14;

“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 still-born child;

“confirmatory medical certificate” means a certificate (Form 5) given in accordance with regulation 15(2);

“coroner” means a person appointed under section 2(1) of the 1959 Act(b);

“cremation” means the burning of human remains;

“deputy medical referee” means a person appointed under regulation 6;

“five years standing”, in relation to a registered medical practitioner, means that the medical practitioner—

- (a) has been fully registered within the meaning of section 55 of the 1983 Act, and
- (b) has held a licence to practice under the 1983 Act for at least five years;

“inquest” means an inquest into the death of a deceased person under section 13 of the 1959 Act;

“medical certificate” means a certificate (Form 4) given in accordance with regulation 15(1);

“Medical Certificate of Cause of Death” means a certificate given under Article 25(2) of the 1976 Order;

“medical referee” means a person appointed under regulation 6;

“registered medical practitioner” means a fully registered person within the meaning of the 1983 Act who holds a licence to practice under that Act;

“registered midwife” means a person who is registered as a midwife under the Nursing and Midwifery Order 2001(c);

“registrar of births and deaths” means a registrar appointed under Article 6(1) of the 1976 Order;

“registration district” has the same meaning as in Article 5(1) of the 1976 Order; and

“still-birth” has the same meaning as in Article 2(2)(d) of the 1976 Order.

## PART 2

### MAINTENANCE AND INSPECTION OF CREMATORIUM

#### Opening and closing of crematorium

##### 3. A council must—

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(a) 2004 c. 30.  
(b) Section 2(1) was substituted by section 2(3) of, and paragraph 2(1) of Schedule 4 to, the Northern Ireland Act 2009 c. 3.  
(c) S.I. 2002/253  
(d) The definition of “still-birth” was amended by section 3 of the Still-Birth (Definition) (Northern Ireland) Order 1992 (N.I. 10)

- (a) at least one month before it opens or closes a crematorium, give written notice of its intention to do so to the Department; 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 at least two newspapers circulating in its district; and
  - (ii) displaying a notice at the entrance to the crematorium in a place where it can be conveniently read.

#### **Maintenance of crematorium**

- 4.** A council 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 council must make its crematorium open for inspection at any reasonable time by any person appointed for that purpose by the Department and the crematorium may be inspected by such person.

- (2) Paragraph (1) does not apply if the council has permanently closed the crematorium.

## **PART 3**

### **MEDICAL REFEREE**

#### **Appointment of medical referee and deputy medical referee**

**6.—**(1) Each council which provides and maintains a crematorium must, with the approval of the Department, appoint—

- (a) a medical referee; and
- (b) such number of deputy medical referees as it considers appropriate.

(2) Section 18(2) of the Interpretation Act (Northern Ireland) 1954<sup>(a)</sup> shall apply to appointments under this regulation.

#### **Qualification 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) A council may only appoint as medical referee and deputy medical referee such persons who have the experience and qualifications to discharge the duties required by these Regulations.

#### **Functions of a deputy medical referee**

- 8.—**(1) The functions of a medical referee may—
- (a) be performed by a deputy medical referee—
    - (i) during any period when the medical referee is absent or unavailable;
    - (ii) in any case in which the medical referee has treated the deceased person or completed the Medical Certificate of Cause of Death, in relation to whom an application for cremation has been made;

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(a) 1954 c. 33.

- (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 deputy medical referee for any other council 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 Department**

9. The Medical Referee must give such reports to the Department as the Department may from time to time require.

### **Supplementary powers of the medical referee**

10.—(1) A medical referee who has investigated the cause of death of a deceased person, may issue a confirmatory medical certificate in an emergency.

(2) A medical referee who has made a post-mortem examination of the body of the deceased person under regulation 30(3), may issue a certificate under regulation 30(4).

## **PART 4**

### **CONDITIONS FOR CREMATION**

#### **Places where cremation may take place**

11. No cremation shall take place in a crematorium until notice of its opening has been given to the Department.

#### **Prohibition to cremation**

12. It shall not be lawful to cremate—

- (a) the remains of any person who is known to have left a written direction to the contrary; or
- (b) human remains which have not been identified.

#### **Forms**

13.—(1) Subject to—

- (a) regulation 19(2) and (3);
- (b) regulation 20(2) and (3);
- (c) regulation 21(c)
- (d) regulation 40(3),

all applications, certificates and authorisations referred to in these Regulations shall be in the form set out in the Schedule and must be used in the cases to which they apply.

(2) A form set out in the Schedule may be used in electronic form, provided that it has the electronic signature of any person who is required to sign it.

(3) In paragraph (2) “electronic signature” has the same meaning given in section 7(2) of the Electronic Communications Act 2000(a).

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(a) 2000 c. 7. Section 7(2) was amended by S.I. 2016/696.

(4) Any reference in these Regulations to a form set out in the Schedule is to be regarded as including a form which contains all the information required by that form, but the format of which differs in an immaterial respect.

### **Application for cremation**

**14.**—(1) Subject to paragraph (2), an application for cremation (Form 1, 2 or 3) must be made to the council 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 another 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 a person mentioned in paragraph (1).

(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 still-born child.

### **Medical certificate and confirmatory medical certificate**

**15.**—(1) A medical certificate giving the cause of death of the deceased person (Form 4) may be given by a registered medical practitioner.

(2) A confirmatory medical certificate giving the cause of death of the deceased person (Form 5) may be given by a registered medical practitioner of at least five years’ standing who is not—

- (a) a relative of the deceased person;
- (b) the registered medical practitioner who issued the medical certificate; or
- (c) a relative, or partner or colleague in the same practice or clinical team, of the registered medical practitioner who issued the medical certificate.

(3) A confirmatory medical certificate is not required where—

- (a) the death of the deceased person occurred in a hospital in which the deceased person was an in-patient; and
- (b) a registered medical practitioner mentioned in paragraph (2) has made or supervised a post-mortem examination of the body of the deceased person and the registered medical practitioner giving the medical certificate (in accordance with paragraph (1)) knows the result of the examination before giving that certificate.

(4) In this regulation “hospital” means any institution for the reception and treatment of persons suffering from illness or mental disorder, any maternity home, and any institution for the reception and treatment of persons during convalescence.

### **Cremation of the remains of a deceased person who died in Northern Ireland**

**16.** Subject to regulation 22, no cremation of the remains of a deceased person who died in Northern Ireland may take place unless—

- (a) an application for cremation (Form 1) is made in accordance with regulation 14;
- (b) (i) a certificate is given under Article 29(1) or (2) of the 1976 Order (certificate as to registration of death or certificate as to receipt by registrar of notice 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 Article 34 or 38 of the 1976 Order in relation to the death of the deceased person;

- (c) (i) a medical certificate (Form 4) and, subject to regulation 15(3), a confirmatory medical certificate (Form 5) are given in accordance with regulation 15(1) and 15(2) respectively; or
- (ii) a certificate is given that the body of the deceased person has undergone an anatomical examination under licence granted under the 2004 Act (Form 6) for that purpose; and
- (d) written authority is given by a medical referee (Form 9) in accordance with regulation 25(a).

**Cremation of the remains of a still-born child where the still-birth occurred in Northern Ireland**

17. Subject to regulation 22, no cremation of the remains of a still-born child where the still-birth occurred in Northern Ireland may take place unless—

- (a) an application for cremation (Form 3) is made in accordance with regulation 14;
- (b) a certificate is given under Article 15(6) or (7) of the 1976 Order (certificate as to registration of still-birth or certificate as to receipt by registrar of notice of still-birth);
- (c) a certificate (Form 8) is given by a registered medical practitioner or a registered midwife who has examined the body and who can certify that the child was still-born; and
- (d) written authority is given by a medical referee (Form 12) in accordance with regulation 26(a).

**Cremation of body parts of a person who died, or body parts of a still-born child, where the death or still-birth occurred in Northern Ireland**

18. No cremation of body parts of a person who died, or body parts of a still-born child, where the death or still-birth occurred in Northern Ireland may take place unless—

- (a) an application for cremation (Form 2) is made in accordance with regulation 14;
- (b) (i) a certificate is given, under Article 29(1) or (2) of the 1976 Order (certificate as to registration of death or certificate as to receipt by registrar of notice of death) or, under Article 15(6) or (7) of the 1976 Order (certificate as to registration of still-birth or certificate as to receipt by registrar of notice of still-birth) in relation to the death of the deceased person or to the still-born child, to whom the body parts belonged; or
- (ii) a certified copy of the entry in the relevant register is issued under Article 34 or 38 of the 1976 Order in relation to the death of the deceased person or to the still-born child, to whom the body parts belonged;
- (c) (i) a certificate is given on behalf of the hospital 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 (Form 7); or
- (ii) evidence is produced that the body parts were removed in the course of a post-mortem examination made of the body of the deceased person or the still-born child; and
- (d) written authority is given by a medical referee (Form 11) in accordance with regulation 27(a).

**Cremation of the remains of a deceased person where the death occurred outside Northern Ireland**

19. —(1) This regulation applies where a death occurred outside Northern Ireland.

(2) Where a death occurred in England, Wales, Scotland, the Isle of Man or the Channel Islands, no cremation of the remains may take place in Northern Ireland unless:

- (a) an application for cremation (Form 1) is made in accordance with regulation 14;

- (b) one of the following conditions is satisfied namely–
    - (i) any medical certificates required in the relevant jurisdiction in connection with a cremation in that jurisdiction are given;
    - (ii) where a death has been referred to a coroner in the relevant jurisdiction, a certificate from that coroner is given; 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
  - (c) a certificate as to the registration of death or a certified copy of the entry of the death in the relevant jurisdiction’s register is given.
- (3) Where a death occurred in any other place outside of Northern Ireland, no cremation of the remains may take place in Northern Ireland unless:
- (a) an application for cremation (Form 1) is made in accordance with regulation 14;
  - (b) where a death has been referred to a coroner in the relevant jurisdiction, a certificate from that coroner is given; and
  - (c) a certificate of death or a certificate of the registration of death, is given.
- (4) In cases in which it is a requirement in the relevant jurisdiction that authorisation must be given before the body can be removed from that jurisdiction, such authorisation must be given.
- (5) Authorisation of the medical referee (Form 9) must be given in accordance with regulation 25(b).
- (6) In this regulation and in regulation 20–
- “relevant jurisdiction” means the jurisdiction in which the death occurred; and
- “coroner”, in relation to a relevant jurisdiction, means a person who performs in that jurisdiction functions which are the same as or substantively similar to those performed by a coroner in Northern Ireland.

**Cremation of the remains of a still-born child where the still-birth occurred outside Northern Ireland**

- 20.—**(1) This regulation applies where a still-birth occurred outside Northern Ireland.
- (2) Where a still-birth occurred in England, Wales, Scotland, the Isle of Man or the Channel Islands, no cremation of the remains may take place in Northern Ireland unless:
- (a) an application for cremation (Form 3) is made in accordance with regulation 14;
  - (b) either–
    - (i) any medical certificates or declarations required in connection with a cremation in the relevant jurisdiction are given; or
    - (ii) in cases in which a still-birth has been referred to a coroner in the relevant jurisdiction, a certificate from that coroner is given; and
  - (c) a certificate as to registration of still-birth or a certified copy of the entry of the still-birth in the relevant jurisdiction’s register, is given.
- (3) Where a still-birth occurred in any other place outside of Northern Ireland, no cremation of the remains may take place in Northern Ireland unless–
- (a) an application for cremation (Form 3) is made in accordance with regulation 14;
  - (b) where a death has been referred to a coroner in the relevant jurisdiction, a certificate from that coroner is given: and
  - (c) a certificate containing the same information as that requested by Form 8 is given by a person entitled to practise as a medical practitioner or midwife in the relevant jurisdiction.

(4) In cases in which it is a requirement in the relevant jurisdiction that authorisation must be given before the still-born child can be removed from that jurisdiction, such authorisation must be given.

(5) Authorisation of the medical referee (Form 9) must be given in accordance with regulation 26(b) or (c).

**Cremation of body parts of a person who died, or body parts of a still-born child, where the death or still-birth occurred outside of Northern Ireland**

**21.** No cremation of body parts of a person who died, or body parts of a still-born child, where the death occurred outside of Northern Ireland may take place unless—

- (a) an application for cremation (Form 2) is made in accordance with regulation 14;
- (b) a certificate which contains the particulars given in the appropriate certificate or the certified copy, referred to in regulation 18(b) is given or issued;
- (c) a certificate which contains the particulars required by Form 7 or the evidence required under regulation 18(c)(ii) is produced; and
- (d) written authority is given by a medical referee (Form 11) in accordance with regulation 27(b)

**Cremation of the remains of a deceased person or still-born child whose death or still-birth has been investigated by a coroner under the 1959 Act**

**22.** No cremation of the remains of a deceased person or still-born child, whose death has been investigated by a coroner under the 1959 Act (regardless of whether an inquest has been held, or a post-mortem has been performed, upon the body of the deceased person or still-born child) may take place unless—

- (a) an application—
  - (i) for cremation (Form 1); or
  - (ii) for the cremation of a still-born child (Form 3),is made in accordance with regulation 14;
- (b) the coroner has issued an authorisation for the cremation of the remains of the deceased person or still-born child under the 1959 Act; and
- (c) written authority is given by a medical referee (Form 9) in accordance with regulation 28.

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

**23.—**(1) Subject to paragraph (2), the exhumed remains of a deceased person who has already been buried for a period of one year or more may be cremated.

(2) Where the Department's written consent to an exhumation is required under regulation 12(a) of the 1992 Regulations, no cremation of the exhumed remains of a deceased person may take place unless—

- (a) such consent has been obtained; and
- (b) the exhumation has been conducted in accordance with such conditions as may be imposed by an environmental health officer appointed by the council concerned under paragraph 1(1) of Part III of Schedule 1 to the 1992 Regulations.

(3) In this regulation "the council concerned" means the council which owns the burial ground where the exhumation was conducted.

(4) Regulations 12(b) and 13 to 22 do not apply to a cremation under paragraph (1).



### **Right to inspect medical certificate and confirmatory medical certificate and to make representations to medical referee**

**24.**—(1) Paragraph (2) applies where the applicant for cremation of the remains of a deceased person—

- (a) (i) has informed the council to which the application for cremation was made that the applicant would like to inspect the—
  - (aa) medical certificate and confirmatory medical certificate; or
  - (bb) certificates which contain all the particulars required by the medical certificate and confirmatory medical certificate; or
- (ii) has nominated another person to inspect those certificates; and
- (b) has given one or more telephone numbers to the council at which the applicant, or the person nominated by the applicant, may be contacted.

(2) As soon as the council receives the certificates mentioned in paragraph (1)(a)(i) 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 those certificates.

(3) Within 48 hours, beginning with the time at which the council notifies the person under paragraph (2), that person may—

- (a) at a time and place agreed with the council, inspect the certificates referred to in paragraph (1)(a)(i); and
- (b) make representations to the medical referee about any matter contained in such a certificate or the inquiry made by the person who gave the certificate.

### **Authorisation of cremation of the remains of a deceased person**

**25.**—(1) A medical referee may not authorise a cremation (Form 9) under—

- (a) regulation 16(d) unless the medical referee is satisfied—
  - (i) that the requirements of regulation 16(a) to 16(c), as the case may be, have been complied with; and
  - (ii) that the inquiry made by a person giving a certificate under regulation 16(c) has been adequate; or
- (b) regulation 19(5), unless the medical referee is satisfied—
  - (i) that the requirements of regulations 19(2) and (3), as the case may be, have been complied with; and
  - (ii) that the inquiry made by a person giving a certificate under regulation 19(2)(b)(i) or (iii) has been adequate,

and unless the medical referee is satisfied that the fact and cause of death of the deceased person have been definitely ascertained.

(2) Subject to paragraph (3), in any case where notification has been given under regulation 24(2) a medical referee may not authorise a cremation unless the medical referee is satisfied—

- (a) that at least 48 hours have passed since that notification was given; and
- (b) where certificates have been inspected under 24(3)(a), at least 24 hours have passed since the time of the inspection.

(3) Where the medical referee is satisfied that a council has made all reasonable efforts to comply with regulation 24(2) but has been unable to do so within 48 hours, beginning with the time at which the council received the medical certificate and confirmatory medical certificate, the medical referee may authorise cremation of the remains of a deceased person.

### **Authorisation of cremation of the remains of a still-born child**

**26.** A medical referee may not authorise a cremation of a still-born child (Form 12) under—

- (a) regulation 17, unless the medical referee is satisfied—
  - (i) that the requirements of regulation 17(a) to (c), have been complied with;
  - (ii) that the examination made by a person giving a certificate under regulation 17(c) has been adequate; and
  - (iii) that there is no reason for further examination;
- (b) regulation 20(2), unless the medical referee is satisfied that the requirements of regulation 20(2)(a) to (c) have been complied with; or
- (c) regulation 20(3), unless the medical referee is satisfied that the requirements of regulation 20(3)(a) to (c) have been complied with.

**Authorisation of cremation of body-parts of a person who died, or body-parts of a still-born child**

**27.** A medical referee may not authorise a cremation of body-parts of a person who died, or body-parts of a still-born child under—

- (a) regulation 18, unless the medical referee is satisfied the requirements of regulation 18(a) to (c) have been complied with; or
- (b) regulation 21, unless the medical referee is satisfied the requirements of regulation 21(a) to (c) have been complied with.

**Authorisation of the cremation of the remains of a deceased person or still-born child whose death or still-birth has been investigated by a coroner under the 1959 Act**

**28.** A medical referee may not authorise a cremation under regulation 22 unless the medical referee is satisfied the requirements of regulations 22(a) and (b) have been complied with.

**Dispensations**

**29.—(1)** This paragraph applies where an application for cremation is made by or with the consent of the Department of Health in respect of a person who, at any time during their lifetime, had an infectious disease caused by any organism or contamination which presents a significant public health hazard after death,

(2) If the medical referee is satisfied as to the cause of death in a case to which paragraph (1) applies, the medical referee, may with the approval of the Department, dispense with any of the requirements of regulations 8 and 12 and regulations 14 to 28.

(3) These Regulations may also be temporarily suspended or modified in any district during an epidemic or for other sufficient reason by an order of the Department on the application of the Department of Health.

**Medical referee not satisfied about the cause of death or still-birth which occurred in Northern Ireland**

**30.—(1)** This regulation applies to deaths or still-births which occurred in Northern Ireland.

(2) Paragraph (3) applies if—

- (a) the medical referee is not satisfied that the fact and cause of death of the deceased person has been definitely ascertained; or
- (b) the death of the deceased person may have been violent or unnatural.

(3) 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 provision of that Act.

(4) If a certificate (Form 10) 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 for the remains for the deceased person.

(5) Paragraph (6) 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 or confirmatory medical certificate or otherwise.

(6) The medical referee may not authorise cremation of the remains of the deceased person unless the requirements of regulation 22(b) have been complied with.

(7) If it appears that a still-birth was due to malpractice or to inattention at birth the medical referee shall decline to allow a cremation of the body of the still-born child unless the requirements of regulation 22(b) have been complied with.

#### **Authorisation of cremation by medical referee – inquiries by medical referee**

**31.**—(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; or
- (b) a certificate referred to in regulations-
  - (i) 16(c);
  - (ii) 17(c); or
  - (iii) 18(c)(i).

(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 15(1) and 15(2), as a result of representations made under regulation 24(3)(b).

(3) If inquiries are made as a result of representations made under regulation 24(3)(b), the medical referee must inform the person who made the representations of the result of the inquiries made.

#### **Refusal to authorise cremation**

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

## **PART 5 DISPOSAL OF ASHES**

#### **Disposal of ashes**

**33.**—(1) Subject to paragraph (2), after a cremation a council—

- (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 other subsequent written instructions given by the applicant to a council.

(2) In exceptional circumstances a council may at its discretion release the ashes to someone other than the applicant of the applicant’s nominee.

(3) Where paragraph (1)(b) applies, any ashes held by a council 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 council, the council may not inter or scatter the ashes unless the council has made reasonable attempts to give the applicant 14 days’ notice of its intention to do so.

## PART 6

### REGISTRATION OF CREMATIONS

#### **Appointment of a registrar of cremations**

**34.** A council which provides and maintains a crematorium must appoint a registrar of cremations.

#### **Functions of the registrar of cremations**

**35.—**(1) The registrar of cremations must keep a permanent register of all cremations carried out by the council.

(2) Except where paragraphs (3) and (4) apply, the registrar of cremations must, within seven days after the cremation of the body of any deceased person or still-born child, send a notification of cremation (Form 13) to the Registrar General.

(3) Where any cremation of any human remains has taken place under regulation 29(1), the registrar of cremations shall, subject to the provisions of any order made by the Department under that regulation, within seven days of the cremation forward to the Registrar General, a copy of the relative entry in the register of cremations together with particulars of the place of death of the deceased and the cause of death as established to the satisfaction of the medical referee.

(4) Where the coroner has issued an authorisation for the cremation of the remains of a deceased person or still-born child under the 1959 Act the notification required in paragraph (2) shall be that set out in Form 14.

(5) This regulation shall not apply to any cremation of human remains which has taken place under regulation 23 or to any cremation authorised by the medical referee under regulation 27.

#### **Register to be kept by the registrar of cremations**

**36.—**(1) The register kept under regulation 35 may be either 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 council to the cremation;
- (b) the date of the cremation;
- (c) the name and sex of the person or the still-born child;
- (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 still-birth occurred;

- (g) in relation to body parts, the date and place of the burial or cremation of the body of the deceased person or still-born child from whom the body parts came;
- (h) the body part cremated;
- (i) the name and address of the applicant;
- (j) the name and address of any person who—
  - (i) gave a certificate under regulation—
    - (aa) 16(c);
    - (bb) 17(c);
    - (cc) 18(c)(i);
    - (dd) 19(2)(b)19(2)(b)(i);
    - (ee) 20(2)(b)(i) and 20(3)(c); or
    - (ff) 21(b) and (c); or
  - (ii) produced evidence under regulation 18(c)(ii) or 21(c); or
  - (iii) gave a declaration under regulation 20(2)(b)(i);
- (k) the name and address of any person who has, in accordance with regulation 24(3)(a), inspected the medical certificate and confirmatory medical certificate;
- (l) the registration district where—
  - (i) the death of the person cremated; or
  - (ii) the still-birth of the still-born child cremated, has been registered; and
- (m) the way in which the ashes were disposed of.

#### **Retention of documents relating to cremation**

**37.**—(1) A council must keep the application for cremation and any certificates or other documents relating to a cremation, for a period of 15 years from the date of the cremation to which they relate before disposal.

(2) Where an electronic copy is kept by a council under paragraph (1), the council must keep any document from which the electronic copy was made for a period of 2 years from the date of the cremation.

(3) Where a crematorium is closed in accordance with regulation 3 the council must send any registers or documents to the Public Record Office of Northern Ireland.

#### **Inspection and copies of register and documents relating to cremation**

**38.**—(1) This regulation applies to a register kept under regulation 35(1) and to documents kept under regulations 37(1) or (2) by a council.

(2) The register and documents—

- (a) must be open to inspection by any person appointed for that purpose by—
  - (i) the Department; or
  - (ii) the Chief Constable; and
- (b) may, with the permission of the council, be open to inspection by any other person.

(3) The council may issue to any person a copy of, or an extract from, the register or a document.

## PART 7

### REVOCATIONS, SAVINGS AND TRANSITIONAL PROVISIONS

#### Revocations

39. Subject to regulation 40, the 1961 Regulations are revoked.

#### Savings and transitional provisions

40.—(1) Any person who, immediately before these regulations came into operation, was a medical referee or a deputy medical referee under regulation 11 of the 1961 Regulations shall be treated as a medical referee appointed under regulation 6 if they meet the requirements set out in regulation 7.

(2) Any person who, immediately before these Regulations came into operation, was a registrar under regulation 18 of the 1961 Regulations, shall be treated as the registrar of cremations appointed under regulation 34.

(3) Notwithstanding the revocation of the 1961 Regulations, the forms in the Schedule to those Regulations may be used in the cases to which they apply in relation to a cremation held before [one month after date of operation].

(4) Paragraph (5) applies in any case where, on or after [one month after date of operation]—

- (a) council holds ashes from a cremation; and
- (b) the application for that cremation was made on one of the forms referred to in paragraph (3).

(5) Where this paragraph applies—

- (a) “instructions for ashes” in regulation 33(1) means—
  - (i) any written instructions, or other instructions, given by the applicant to the council before [date one month after coming into operation];
  - (ii) any written instructions given by the applicant to the cremation authority on or after [one month after coming into operation];
- (b) if no instructions for ashes are given in accordance with sub-paragraph (a), the cremation authority must retain the ashes, subject to regulation 33(2) to (4).

Sealed with the Official Seal of the Department for Communities on \*\*\*

(L.S.)

*Name*  
A senior officer of the Department for Communities

SCHEDULE  
FORMS

Regulation 13

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

Form 1

This form can only be completed by a person who is at least 16 years age.  
Please complete this form in full, if a part does not apply enter 'N/A'.

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

  
  
  
  
  
  
  
  
  
  

Postcode

Telephone number

Email

Part 3 Details of the person who has died

Full name

Address

  
  
  
  
  
  
  
  
  
  

Postcode

Occupation or last occupation if retired or not in work at date of death

Continued over the page →

Part 3 continued

Age at date of death

Sex

Male  Female

Status

married/civil partnership  widow/widower/surviving civil partner  Single

Part 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 child or parent 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 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 proposed cremation?  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

Continued over the page →



Part 4 continued

5. Please give the address where the person died.

Address

<p>Postcode</p> <table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								

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?       Yes       No
7. Do you consider that there should be any further examination of the remains of the person who has died?       Yes       No

If you have answered Yes to questions 6 or 7, please give reasons below

--

8. What was the name, address and telephone number of the usual doctor of the person who has died?

Doctor's name

--

Address

<p>Postcode</p> <table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								

Telephone number

--

Continued over the page →

Part 4 continued

9. Please give the name, address and telephone number of the doctor(s) who treated the person who has died during their last illness.

Doctor's name

  

Address

  

Postcode

  

Telephone number

Doctor's name

  

Address

  

Postcode

  

Telephone number

10. Was any implant placed in the body which may become hazardous when the body is cremated (e.g. a pacemaker, radioactive device or "Fexion" intramedullary nailing system)?
- Yes  No  
 I don't know

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.

Continued over the page →

**Part 5 Inspection of certificates**

You are entitled to inspect the certificates (if any) given by doctors under regulation 24 of the Local Government Cremation Regulations (Northern Ireland) 2023 (Forms 4 and 5, or, where applicable, equivalent certificates). 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 crematorium for **48 hours** from the time that the crematorium 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 crematorium, the cremation may then proceed.

**Please note if you request to view these certificates, this may result in a delay to the cremation taking place.**

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.

---

If certificates are given by medical practitioners:

I would like to inspect the certificates and  
my contact number is

I nominate   
to inspect the certificates and  
their contact telephone number is

---

**Part 6 Applicant's instruction for ashes**

**Local practices regarding ashes vary and your funeral director or the crematorium will be able to advise you about these.**

Please 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 crematorium 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.

Continued over the page →

**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.

**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 7 Recovery of ashes

Despite every effort being made to recover ashes following a cremation, on very rare occasions (particularly with the cremation of very young deceased babies) there may be no recoverable ashes. If you have any questions about this, please ask your funeral director or crematorium.

**Please tick the box to confirm that you understand this and that you wish to proceed with the cremation.**

#### Part 8 Statement of truth

I apply for the body of the person who has died 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 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

		/			/				
--	--	---	--	--	---	--	--	--	--



Part 3 continued

Age at date of death

Sex

Male  Female

Status

married/civil partnership  widow/widower/surviving civil partner  Single

Part 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 child or parent of the person who has died, or any other relative usually residing with the person who has died, or a parent of a still-born child.

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 proposed cremation?  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.

Continued over the page →

Part 4 continued

4. What was the date and place of the death or still-birth?

Date   /   /

Address

Postcode

5. Please give the name and address of the cemetery, churchyard or crematorium where the body of the person who has died was buried or cremated.

Name of cemetery, churchyard or crematorium

Address

Postcode

6. Please give the date that the burial or cremation took place.

Date   /   /

7. Please state whether the body parts were removed from the body of the person who died at a:

Coroner's post-mortem examination       Hospital post-mortem examination

Other (please specify)

Continued over the page →

Part 4 continued

8. Do you consider that there should be any further examination of the remains of the person who has died?  Yes  No

If Yes, please give reasons below.

Part 5 Applicant's instruction for ashes

**Local practices regarding ashes vary and your funeral director or the crematorium will be able to advise you about these.**

Please 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 crematorium 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.

Continued over the page →



**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 7 Recovery of ashes**

Despite every effort being made to recover ashes following a cremation, on very rare occasions (particularly with the cremation of still-born 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 to confirm that you understand this and that you wish to proceed with the cremation.**

**Part 5 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**

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Part 4 The application

1. Are you the parent of the still-born child?  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(s) and the reason(s) why they have not been contacted.

3. Has a parent of the still-born child expressed any objection to the proposed cremation?  Yes  No

If Yes, please give details.

4. Please give the address where the child was still-born.

Address

Postcode

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Please state whether it was the applicant's own home, hospital, etc.

Continued over the page →

Part 4 continued

5. Do you know or suspect that the child was not still-born?  Yes  No
6. Do you consider that there should be any further examination of the still-born child's remains?  Yes  No

If you have answered Yes to questions 5 or 6, please give reasons below

Part 5 Applicant's instruction for ashes

**Local practices regarding ashes vary and your funeral director or the crematorium will be able to advise you about these.**

Please 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 crematorium 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.

Continued over the page →

**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.

**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 7 Recovery of ashes

Despite every effort being made to recover ashes following a cremation, on very rare occasions (particularly with the cremation of still-born 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 to confirm that you understand this and that you wish to proceed with the cremation.**

Continued over the page →

Part 8 Statement of truth

I apply for the still-born child 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 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

 /  /

This form can only be completed by a registered medical practitioner.  
Please complete this form in full, if a part does not apply enter 'N/A'.

Please note if this Form is not completed in full, it will be returned for completion which may cause a delay in the cremation taking place.

**Part 1 Details of the deceased**

Full name

Address

Postcode

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Occupation or last occupation if retired or not in work at date of death

Where a past occupation of the deceased person may suggest that the death was due to industrial disease, you should consider whether to refer the death to a coroner.

**Part 2 The report on the deceased**

1. What was the date and time of death of the deceased?

Date

		/			/				
--	--	---	--	--	---	--	--	--	--

Time

2. Please give the address where the deceased died.

Address

Postcode

--	--	--	--	--	--	--	--

Please state whether it was the residence of the person who has died or a hotel, hospital or nursing home, etc.

- |                                     |                                       |   |
|-------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Their home | <input type="checkbox"/> Hospital     | <input type="checkbox"/> Other (please specify)         |
| <input type="checkbox"/> Hotel      | <input type="checkbox"/> Nursing home | <input style="width: 100%; height: 20px;" type="text"/> |

Continued over the page →

Part 2 continued

3. Are you a relative of the deceased?  Yes  No

If Yes, please give the nature of your relationship.

4. Have you, so far as you are aware, any pecuniary interest in the death of the deceased?  Yes  No

If Yes, please give details.

5. Were you the deceased's usual medical practitioner?  Yes  No

If Yes, please state for how long.

If No, please give details of your medical role in relation to the deceased.

6. Please state for how long you treated the deceased during their last illness.

7. Please state the number of days and hours before the deceased's death that you last saw them alive.

Days

Hours

8. Please state the date and time that you saw the body of the deceased and the examination that you made of the body.

Date

Time

Examination

Continued over the page →



Part 2 continued

9. 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.

10. If the deceased died in a hospital at which they were an in-patient, has a hospital post-mortem examination been made or supervised by a registered medical practitioner of at least five years' standing who is neither a relative of the deceased nor a relative of yours or a partner or colleague in the same practice or clinical team as you?  Yes  No

If Yes, are the results of that examination known to you?  Yes  No

**Note:** 'Five years' standing' means a medical practitioner who has been fully registered within the meaning of the Medical Act 1983 and has held a licence to practice for at least five years.

Continued over the page →

Part 2 continued

11. Please give cause of death.

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).

- (b) Other disease or condition, if any, leading to (a).

- (c) Other disease or condition, if any, leading to (b).

2. Other significant conditions contributing to the death but not related to the disease or condition causing it.

12. Did the deceased undergo any operation in the year before their death?  Yes  No

If Yes, what was the date and nature of the operation and who performed

Date  /  /

Who performed it

Nature of operation

13. Do you have any reason to believe that the operation(s) shortened the life of the deceased?  Yes  No

If Yes, please give details.

Continued over the page →

Part 2 continued

14. Please give the full name and address details of any person who nursed the deceased during their last illness. (Say whether professional nurse, relative, etc. If the illness was a long one, this question should be answered with reference to the period of four weeks before the death.)

15. Were there any persons present at the moment of death?  Yes  No

If Yes, please give the full name and address details of those persons and whether you have spoken to them about the death.

16. If there were persons present at the moment of death, did those persons have any concerns regarding the cause of  Yes  No

If Yes, please give details.

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  Yes  No

Unnatural  Yes  No

19. Have you any reason at all to suppose a further examination of the body is desirable?  Yes  No

If you have answered Yes to questions 17, 18 or 19, please give details below.

Continued over the page →

Part 2 continued

20. Has a coroner been informed about the death?  Yes  No

If Yes, please state the outcome.

21. Has there been any discussion with the Coroner's Office about the death of the deceased?  Yes  No

If Yes, please state the outcome of the discussions

22. Have you given the certificate required for registration of death?  Yes  No

If No, please give the full name and contact details of the medical practitioner who has.

Full name

Address

Postcode

--	--	--	--	--	--	--	--

Telephone number

23. Was any hazardous implant placed in the body (e.g. a pacemaker, radioactive device or 'Fixion' intramedullary nailing system)?  Yes  No

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

If Yes, has it been removed?

- Yes  No

Continued over the page →

Part 3 Statement of truth

I certify that I am a registered medical practitioner.

I certify that the information I have given above is true and accurate to the best of my knowledge and belief and that I know of no reasonable cause to suspect that the deceased died either a violent or unnatural death or a sudden death of which the cause is unknown or in a place or circumstance which requires an inquest in pursuance of any Act.

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.

Your full name

Address

  
  
  
  
  
  
  
  
  
  

Postcode

Telephone number

Registered qualifications

GMC Reference number

Signed

Dated

 /  / 

Once completed, this certificate must be handed or sent in a closed envelope by, or on behalf of the medical practitioner who signs it to the medical practitioner who is to give the confirmatory medical certificate except in a case where question 10 is answered in the affirmative, in which case the certificate must be so handed or sent to the medical referee for the crematorium at which the cremation is to take place.

# Confirmatory medical certificate

Form 5

This form can only be completed by a registered medical practitioner of at least five years' standing who is not either a relative of the deceased, the medical practitioner who issued the medical certificate (Form 4) or a relative or a partner or colleague in the same practice or clinical team as the registered medical practitioner who issued that certificate.

Please complete this form in full, if a part does not apply enter 'N/A'.

Please note if this Form is not completed in full, it will be returned for completion which may cause a delay in the cremation taking place.

Note: 'Five years' standing' means a medical practitioner who has been fully registered within the meaning of the Medical Act 1983 and has held a licence to practise for at least five years.

---

## Part 1 Details of the deceased

Full name

Address

  
  
  
  
  
  
  
  
  
  

Postcode

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Occupation or last occupation if retired or not in work at date of death

## Part 2 The report on the deceased

1. Have you questioned the medical practitioner who gave the medical certificate (Form 4)?  Yes  No

If No, please give reasons.

Continued over the page →

Part 2 continued

In answer to questions 2, 3, 4, and 5, please give names and addresses of persons questioned and say whether you spoke to them in person or by telephone. Any failure to answer one of these questions in the affirmative may be treated as

2. Have you questioned any other medical practitioner who attended the  Yes  No deceased?

If Yes, please give the full name and address details of the medical practitioner(s).

3. Have you questioned any person who nursed the deceased during their  Yes  No last illness, or who was present at the death?

If Yes, please give the full name and address details.

4. Have you questioned any of the relatives of the deceased?  Yes  No

If Yes, please give the full name and address details.

5. Have you questioned any other person?  Yes  No

If Yes, please give the full name and address details.

Continued over the page →

Part 2 continued

6. Please state the date and time that you saw the body of the deceased and the examination that you made of the body.

Date  
□□ / □□ / □□□□

Time  
□□□□□□

Examination

7. Do you agree with the cause of death given in question 11 of Part 2 of the medical certificate (Form 4)?  Yes  No

If No, please give reasons and give the cause of death.

Reason(s) for disagreeing.

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).

- (b) Other disease or condition, if any, leading to (a).

- (c) Other disease or condition, if any, leading to (b).

2. Other significant conditions contributing to the death but not related to the disease or condition causing it.

Continued over the page →



Part 3 Statement of truth

I certify that I am a registered medical practitioner of at least five years' standing and I am not a relative of the deceased, or a relative or a partner or colleague in the same practice or clinical team as the medical practitioner who has given the medical certificate (Form 4).

I certify that the information I have given above is true and accurate to the best of my knowledge and belief and that I know of no reasonable cause to suspect that the deceased died either a violent or unnatural death or a sudden death of which the cause is unknown or in a place or circumstance which requires an inquest in pursuance of any Act.

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.

Your full name

Address

  
  
  
  
  

Postcode

Telephone number

Registered qualifications

GMC Reference number

Signed

Dated

 /  / 

Once completed, this certificate and the medical certificate (Form 4) must be handed or sent in a closed envelope by one of the medical practitioners giving the certificates to the medical referee for the crematorium at which the cremation is to take place.

# Certificate following anatomical examination

Form 6

Please complete this form in full, if a part does not apply enter 'N/A'.

## Part 1 Details of the deceased

Full name

Age at death

Sex

Male

Female

Date of death

/

/

## Part 2 Certification of anatomical examination

I certify that the body of the deceased has undergone an anatomical examination under the authority of a licence granted under the Human Tissue Act 2004 for that purpose.

The examination took place at

Your full name

Address

Postcode

Registered qualifications

Signed

Dated

/

/

# Certificate releasing body parts for cremation

Form 7

Please complete this form in full, if a part does not apply enter 'N/A'.

## Part 1 Details of the deceased

Full name

Address

  
  
  
  
  
  
  
  
  
  

Postcode

Age at date of death

Sex

Male

Female

Date of death

/

/

Place of death

## Part 2 Body parts for release

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

other Organs

(please specify)

Continued over the page →

Part 2 continued

I certify that there is no reason for any further inquiry or examination concerning the above parts and that they are [with the consent of the Coroner]<sup>1</sup> now released for cremation in a 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.

<sup>1</sup>Delete if not applicable.

Your full name

Address

  
  
  
  
  
  
  
  
  
  

Postcode

Registered qualifications

GMC Reference number

Signed

Dated

 /  /

# Certificate of still-birth

Form 8

Please complete this form in full, if a part does not apply enter 'N/A'.

## Part 1 The still-born child

Full name of child or description

Sex  
 Male  Female

Dated  
[ ] [ ] / [ ] [ ] / [ ] [ ] [ ] [ ]

## Part 2 Certificate of still-birth

I am a registered

medical practitioner

midwife

I certify that I have examined the body of the still-born child and can certify that the child was still-born.

I certify that the information I have given above is true and accurate to the best of my knowledge and belief.

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

  
  

Postcode  
[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Registered qualifications

GMC Reference number/Nursing and Midwifery Council Personal Identification number (PIN)

Signed

Dated  
[ ] [ ] / [ ] [ ] / [ ] [ ] [ ] [ ]

# Authorisation of cremation of deceased person by medical referee

Form 9

Please complete this form in full, if a part does not apply enter 'N/A'.

## Part 1 Details of the deceased

Full name

Address

  

Postcode

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Occupation or last occupation if retired or not in work at date of death

## Part 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 Local Government Cremation Regulations (Northern Ireland) 2023 have been complied with;
- (b) the inquiry/examination made by the persons who gave the relevant certificates has been adequate; and
- (c) where appropriate, the fact and cause of death have been definitely ascertained or, if not 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

District council

Signed

Dated

		/			/				
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# Certificate after post-mortem examination

Form 10

Please complete this form in full, if a part does not apply enter 'N/A'.

## Part 1 Details of the deceased

Full name

Address

  
  

Postcode

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Occupation or last occupation if retired or not in work at date of 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, ashenia, etc: it means the disease, injury or complication which caused death).

- (b) Other disease or condition, if any, leading to (a).

- (c) Other disease or condition, if any, leading to (b).

Continued over the page →

Part 2 continued

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?

stated in this certificate

attached to this certificate

I am satisfied that there is no reason for the holding of an inquest.

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.

Your full name

Address

Postcode

--	--	--	--	--	--	--	--

Registered qualifications

GMC Reference number

Signed

Dated

		/			/				
--	--	---	--	--	---	--	--	--	--



# Authorisation of cremation of body parts by medical referee

Form 11

Please complete this form in full, if a part does not apply enter 'N/A'.

## Part 1 The deceased/still-born child

In the case of a still-born child who has not been given a name, insert a description sufficient to identify the body.

Full name

Address

<p>Postcode</p> <table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																			

## Part 2 Authorisation by medical referee

An application has been made for the cremation of the body parts of the deceased/still-born child.

I am satisfied that the requirements of the Local Government Cremation Regulations (Northern Ireland) 2023 have been complied with.

Accordingly, I authorise the Registrar of cremations of the following crematorium to cremate the remains of the deceased/still-born child within that crematorium.

Name of crematorium

Print your full name

District council

Signed

Dated

		/			/				
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# Authorisation of cremation of still-born child by medical referee

Form 12

Please complete this form in full, if a part does not apply enter 'N/A'.

## Part 1 The still-born 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 remains of the deceased.

I am satisfied that:

- (a) the requirements of the Local Government Cremation Regulations (Northern Ireland) 2023 have been complied with;
- (b) the examination made by the person who gave the 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 still-born child within that crematorium.

Name of crematorium

Print your full name

District council

Signed

Dated

 /  /

Return to be made, within seven days after the cremation of a body on which an Inquest was not held, to the Registrar General.

To the Registrar General

The following particulars relate to the body/bodies which was/were cremated at the crematorium:

Date of Cremation	Name of Deceased	Date of Death / Date of Still-birth	Address at which death / still-birth occurred	Name and Address of person who applied for cremation	For use by Registrar of Births and Deaths		
					No. of Entry	Date of Entry	Remarks
I certify that this is a true and correct return					Death(s) reported has/have been registered at the Entry No.(s) shown above.		
Signed _____					Registrar:		
on behalf of _____					Date:		
Date: _____							

### Notification of Cremation

(For use by the registrar appointed by the Council where a Coroner has been involved)

This is to notify that the remains of .....

.....

deceased/still-born, who died/was still-born on .....

at .....

was cremated on *[insert the date the cremation took place]*.....

at *[insert name of crematorium]*.....

Signed .....

on behalf of *[insert name of council]*.....

.....

Date: .....