MEDICAL REFEREE’S CREMATION PERMIT
(OTHER THAN STILL-BORN CHILDREN)

PUBLIC HEALTH REGULATION, 2012 Clause 82 (1)

I, ………………………………………………………………………………………………………………………………………………………… (Full name in block letters)
am a registered medical practitioner in New South Wales or another State or Territory. I am a Medical Referee under Clause 73 of the Public Health Regulation 2012 because I am

- A Public Health Officer
- The medical superintendent of a public hospital
- A medical practitioner appointed by the Director-General as a Medical Referee

(cross out if not applicable)

I have received an application for permission for cremation made under Clause 79(1) of the Public Health Regulation 2012 and an Attending Practitioner’s Cremation Certificate under Clause 81(1)(a) of that Regulation in respect of:

………………………………………………………………………………………………………………………………………..(Name of deceased)

…………………………………………………………………………………………………………………………………………(Last address of deceased)

I have not issued the Attending Practitioner’s Cremation Certificate in respect of the deceased.

I have made an external examination of the body of the deceased and am satisfied that the identity of the body and the cause of death of the deceased have been correctly disclosed in the Attending Practitioner’s Cremation Certificate. I am satisfied that the Attending Practitioner’s Cremation Certificate is completed and correct.

I have no reason to believe that the death of the deceased is examinable under the Coroners Act 2009 by a Coroner.

I am satisfied that the body of the deceased contains no implanted or attached battery powered devices. I am satisfied that there is no radioactive substance or implant which would make cremation unsafe.

I am satisfied that the deceased left no written objection to his/her body being cremated and that no near relative of the deceased has expressed any objection to the cremation.

I hereby certify that, to the best of my knowledge and belief, the statements above are true and accurate in respect to the deceased. I therefore authorise the cremation of the remains of the deceased to which this permit relates.

Signature…………………………………………………………… Date: ………………………………….

Address:………………………………………………………………………………………………………………………………………….....

……………………………………………………………………………………………………………………………………………..

Phone Number:………………………………………………………………………………………………………………………….

Registered in :………………………………………………………………………..(State or Territory) Registration No:………………………………..