

Cremation Certificates and related requirements

Document Number	PD2006_081
Publication date	16-Oct-2006
Functional Sub group	Corporate Administration - Fees Population Health - Environmental
Summary	Specified forms and fees to be charged in respect to cremation issues under the Public Health (Disposal of Bodies) Regulation 2002
Replaces Doc. No.	Cremation Certificates and Related Requirements [PD2005_368]
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Applies to	Area Health Services/Chief Executive Governed Statutory Health Corporation, Board Governed Statutory Health Corporations, Affiliated Health Organisations, Affiliated Health Organisations - Declared, Divisions of General Practice, NSW Ambulance Service, NSW Dept of Health, Private Hospitals and Day Procedure Centres, Public Health Units, Public Hospitals
Audience	PHU staff, medical practitioner and personnel involved in cremation issues
Distributed to	Public Health System, Divisions of General Practice, NSW Ambulance Service, NSW Department of Health, Public Health Units, Public Hospitals, Private Hospitals and Day Procedure Centres
Review date	16-Oct-2012
Policy Manual	Not applicable
File No.	05/4607
Status	Active

Director-General

This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is **mandatory** for NSW Health and is a condition of subsidy for public health organisations.

Cremation Certificates and Related Requirements

Public Health (Disposal of Bodies) Regulation 2002

This Policy Directive supersedes Policy Directive 2005_368 relating to Cremation Certificates and related requirements.

Under the *Public Health (Disposal of Bodies) Regulation 2002*, the attached forms have been approved under Ministerial delegation. The following forms should be used when dealing with Cremation issues.

Application to Exhume Remains - Clause 26 (2)

The application for approval to exhume remains should be made on Form CL 26(2) to the Director-General by an executor of the estate or the nearest surviving relative, or if there is no such person, by a person approved by the Director-General. The application must be accompanied by a copy of the death certificate, a statutory declaration and the application fee (currently \$255, with changes in fee advised by Information Bulletin from time to time).

Application for Permission for Cremation (other than still-born children) with Statutory Declaration - Clause 36 (1)

The application for cremation must be made to a Medical Referee or Coroner on Form CL 36(1). The form must be completed by an executor or nearest surviving relative of the deceased, or other person as approved by the Medical Referee or Coroner. The form is in a statutory declaration format.

Application for Permission for Cremation of Still-Born Child with Statutory Declaration - Clause 37 (1)

The application for cremation of a still-born is made to a Medical Referee on Form CL 37(1). The form must be completed by the nearest surviving relative of the still-born, or other person as approved by the Medical Referee. The form is in a statutory declaration format.

Attending Practitioner's Cremation Certificate - Clause 38 (1)(a)

A member of the hospital medical team or a general practitioner or a locum may issue a Cremation Certificate on Form CL 38(1)(a) if the practitioner is able to certify the cause of death and the death is not examinable under the Coroners Act 1980. The practitioner must have seen and identified the body after death.

Under Policy Directive PD2005_312 the Department has determined that the issue of such certificates by salaried medical officers in public hospitals shall be subject to a fee (currently \$70, with changes in fee advised by Information Bulletin from time to time).

Medical Referee's Cremation Permit for other than still-born children- Clause 39 (1)

A medical practitioner appointed by the Director-General as a Medical Referee who has received an application for cremation under Clause 36 (1) and a certificate under Clause 38 (1) (a) from an attending practitioner may issue a Cremation Permit on Form CL 39 (1). The referee may do this if they:

- a) did not also issue the attending practitioner's certificate;
- b) have made an external examination of the body;
- c) are satisfied that the application and certificate are in order, that the cause of death has been ascertained and the death is not examinable by the Coroner.

Under Clause 42 of the Regulation a Medical Officer of Health or a medical superintendent of a public hospital (within the meaning of the Health Services Act 1997 <http://www.legislation.nsw.gov.au/>), may perform the function of a Medical Referee in signing a Cremation Permit, but should indicate their position on the form, to assist the cremation authority.

A Medical Referee must not issue a cremation permit contrary to the dead person's written direction as to disposal or if the application appears to be incorrect or incomplete.

Coroner's Cremation Permit - Clause 40 (1)

A Coroner who receives an application for cremation of a body whose death is examinable under the Coroners Act 1980 may issue a Cremation Permit on Form

CL 40 (1). A coroner must not issue a cremation permit contrary to the dead person's written direction as to disposal or if the application appears to be incorrect or incomplete.

Medical Referee's Permit for Cremation of Body of Still-Born Child - Clause 41 (1)

A Medical Referee who receives an application under Clause 37 (1) for cremation of the body of a still-born child may issue a Cremation Permit on Form CL 41 (1). However, a medical referee must not issue such a cremation permit unless:

- a) the child has been certified as still-born by an attending medical practitioner; or
- b) the medical referee is satisfied after enquiry that the child was still-born.

Register of Cremations - Clause 44 (1)

A cremation authority must maintain in the approved form a register of all cremations carried out by the authority.

Title: Cremation Certificates and Related Requirements

Pacemakers and Battery Powered Devices

All personnel are reminded that battery powered devices such as pacemakers, powered devices of the cochlear, hearing aids, etc., implanted in the body, must be removed from deceased bodies, by an appropriately qualified person, before bodies are released for cremation. This is due to the potential risk of explosion during cremation should such devices remain in situ.

An appropriately qualified person to remove such a device is:

- a registered medical practitioner; or
- an embalmer who has a certificate of proficiency of, or equivalent to, Certificate IV standard issued by an institute approved by the Director-General under clause 11 of the *Public Health (Disposal of Bodies) Regulation 2002*; or
- a person who has completed a training course or series of training courses in mortuary practice, infection control procedures, and occupational health and safety, being a course or courses approved by the Director-General under clause 12 of the *Public Health (Disposal of Bodies) Regulation 2002*.

As the removal of batteries and battery powered devices constitutes a body preparation procedure in terms of Clause 5(1) of the *Public Health (Disposal of Bodies) Regulation 2002* they may only be removed in a mortuary notified under Clause 48 (1) of that Regulation, or other premises approved by the Director-General under Clause 5 (1) of that Regulation (this approval can be facilitated at a local level under delegation through the Area Health Service Public Health Unit). Under no circumstances may the device be removed at the crematory or other holding room premises.

Consent for the removal of these devices must be obtained and indicated in the appropriate section of the approved form under clause 36 (1) of the *Public Health (Disposal of Bodies) Regulation 2002*.

Robyn Kruk
Director-General



APPLICATION FOR PERMISSION FOR CREMATION OF STILL-BORN CHILD WITH STATUTORY DECLARATION

PUBLIC HEALTH (DISPOSAL OF BODIES) REGULATION, 2002 Clause 37 (1)

(This form should be completed by an executor or nearest surviving relative of the deceased or other proper person, and all questions must be fully answered)

I, of Postcode Age

(full name of applicant) (applicant's address)

hereby apply for permission to cremate the remains of
(name of still-born child)

at the Crematorium
(location of crematorium)

1. (a) Are you the nearest surviving relative of the child? If so, state relationship (a).....

(b) If not nearest surviving relative, state EITHER

(i) relationship to still-born child (i).....

(ii) reason(s) why this application is being made by you (ii).....

OR

Complete the following statement:

I have been requested by
(name and relationship to deceased)

to make this application of cremation and I am fully aware of the information contained herein.

(c) (i) Have all near relatives of the deceased been informed of the proposed cremation? (i).....

(ii) Has any near relative of the deceased expressed any objection to the cremation? (ii).....

If so, state the reasons for objection.

2. When did the still-birth occur? (State date and time)

3. Where did the still-birth occur? (State address and location, ie. own residence, hospital, hotel, etc)

4. Give the name and address of the medical practitioner who attended the still-birth.

5. Give the name of the Registry Office where the death has been, or is to be registered.

I hereby certify that all particulars stated above are true and accurate, and that to the best of my knowledge and belief no particular material has been omitted; I therefore make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths Act, 1900.

I am aware that the deceased may not be cremated on the day of the service at the crematorium.

Signature..... *(applicant)*

Declared at, this day of 20....., before me:-

Signature
(Justice of the Peace)



ATTENDING PRACTITIONER'S CREMATION CERTIFICATE

PUBLIC HEALTH (DISPOSAL OF BODIES) REGULATION, 2002 Clause 38 (1) (a)

My name is (full name in block letters). I am a registered medical practitioner in the Australian State or territory shown below. I am informed that an application has been made or is to be made for the cremation of the remains of

(Name of deceased)

.....(last address of deceased).

- As
- a) a member of the hospital medical team (cross out whichever is not applicable)
 - b) a general practitioner
 - c) locum general practitioner

I attended the deceased before death for(period of time: days, months, years)

OR

I have personally seen the body after death and am satisfied as to the identity of the body.....

1. State time and date of death.

2. State place where the deceased died. (Give address and state whether own residence, lodgings, hotel, hospital, nursing home, etc)

3. Are you a relative of the deceased? If so, state relationship.

4. Have you, so far as you are aware, any pecuniary interest in or arising from the death of the deceased?

5. When did you last see the deceased alive? (Insert date)

6. How soon after death was the body examined? (hrs/days)

7. (a) Did you complete the Cause of Death Certificate for the deceased? (a)

(b) In your view, is the cause of death as disclosed on the Death Certificate? (b)

(c) If not, (i) State in your view what was the cause of death (i)

(ii) What was the duration of this condition in years, months, or days. (ii)

8. (a) Has there been any operation/procedure performed on the deceased within the last year before death? (a)

(b) If so, (i) What was the nature of the procedure, who performed it and when? (i)

(ii) In your opinion, did the procedure contribute to an acceleration of death? (ii)

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

- | | | | | | | | |
|-----------------|-------|-----------|-------|--------------------------|-------|-----------------------|-------|
| (a) Violence | Y / N | b) Poison | Y / N | c) Abuse or neglect | Y / N | (d) Drowning | Y / N |
| (e) Suffocation | Y / N | f) Burns | Y / N | g) During custodial care | Y / N | (h) Illegal Operation | Y / N |

10. Have you any reason whatever to suppose that a further examination of the body is desirable? Y / N

11. (a) Was any battery powered device attached to or present in the body of the deceased? Y / N

(b) If yes, what kind of device?.....

(c) If so, has it been removed? Y / N

(If device is present, crematory authorities may decline to cremate the deceased as battery powered devices may explode during cremation)

Note: This certificate must be handed to the Funeral Director, or sent by the medical practitioner who signs it to the medical referee.

I hereby certify that, to the best of my knowledge and belief and having sought where appropriate additional information, the answers given above are true and accurate, and that no relevant information has been omitted.

Signature..... Date: Address:.....

Phone Number:..... Registered in:.....(State or Territory) Registration No:.....



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

PUBLIC HEALTH (DISPOSAL OF BODIES) REGULATION, 2002 Clause 39 (1)

I, (full name in block letters)
am a registered medical practitioner in New South Wales or another State or territory and have been appointed in New South Wales as a Medical Referee
within the meaning of Clause 42 (c) of the Public Health (Disposal of Bodies) Regulation 2002.

I have received an application for permission for cremation made under Clause 36 (1) of the Public Health (Disposal of Bodies) Regulation 2002 and an
Attending Practitioner's Cremation Certificate under Clause 38(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 1980 by a coroner.

I am satisfied that the body of the deceased contains no implanted or attached battery powered devices.

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..... Full name in block letters:.....

Date:

Address:.....

.....

Phone Number:.....

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



CORONER'S CREMATION PERMIT

PUBLIC HEALTH (DISPOSAL OF BODIES) REGULATION, 2002 Clause 40 (1)

Name of deceased:.....

Last address of deceased:.....

I certify that:

- 1. The death of the deceased has been duly reported to a Coroner.
- 2. I have carefully perused the application for cremation made under Clause 36 (1) of the Public Health (Disposal of Bodies) Regulation 2002 in respect of the deceased.
- 3. I have received a medical report of an examination of the body of the deceased, in which it is stated that the cause of death was:
.....
.....
- 4. I consider that no circumstance exists which can render necessary any further examination of the remains of the deceased.
- 5. I am satisfied that there is not any implanted or battery powered device attached to or present in the body of the deceased.
- 6. 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 therefore authorise the cremation of the remains of the deceased to which this permit relates.

Signature:.....

Name in block letters:.....

Address:.....
.....

Title:.....
(Coroner/Deputy Coroner in the State of New South Wales)

Date:.....



APPLICATION TO EXHUME REMAINS
PUBLIC HEALTH (DISPOSAL OF BODIES) REGULATION, 2002 Clause 26 (2)

In accordance with the requirements of Clause 26 (2) of the Public Health (Disposal of Bodies) Regulation 2002, I
(full name of applicant)

..... of hereby
(address)

apply for permission to exhume the remains of the late
(name of deceased)

from Grave No:....., Section:, being a single
 interment within theCemetery, for the purpose of

I seek permission to exhume for the following reason/s:

The deceased was not infected with a List "B" disease as defined in the Public Health (Disposal of Bodies) Regulation 2002.

I am entitled to make this application, because I am: *(tick one)*

- 1. The executor of the estate of the deceased; or
- 2. The nearest surviving relative of the deceased; or
- 3. The proper person (other than an executor or near relative) to make the application for the reasons set out below:

.....
(full reasons for application)

Attached is:

- 1. A certified copy of the death certificate of the deceased.
- 2. A statutory declaration as to:
 - my relationship to the deceased; and
 - the wishes of the deceased regarding the disposal of the body (if known);
 - the reasons why the Director-General may consider me the proper person in all the circumstances to make the application
- 3. The application fee of \$.....

The exhumation is to be supervised in strict accordance with the attached Plan of Management

by

employed with(Funeral Director/Cemetery)

in the capacity of

Signature:..... Date:
(applicant)



**MEDICAL REFEREE'S PERMIT FOR CREMATION
OF BODY OF STILL-BORN CHILD**

PUBLIC HEALTH (DISPOSAL OF BODIES) REGULATION, 2002 Clause 41 (1)

I, (full name in block letters)
am a registered medical practitioner in Australia New South Wales or another State or territory and have been appointed in New South Wales as a Medical Referee within the meaning of Clause 42 (c) of the Public Health (Disposal of Bodies) Regulation 2002.

I have received an application for permission for cremation made under Clause 36 (1) of the Public Health (Disposal of Bodies) Regulation 2002 in respect of

.....(Name of child's mother)

.....(Address)

I have viewed the still-born child the subject of this application. I am satisfied that the child has been certified as still-born by an attending medical practitioner. I am satisfied that the child is a still-born child. I am satisfied that the requirements which must be satisfied before a cremation permit may be issued have all been complied with.

I certify that, to the best of my knowledge and belief, the statements above are true and accurate. I hereby authorise the cremation of the remains of the still-born child to which this permit relates.

Signature..... Full name in block letters:.....

Date:

Address:.....

.....

Phone Number:.....

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

