



**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 ..... 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:.....