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

PUBLIC HEALTH REGULATION, 2012 Clause 84(1)

I, .......................................................................................................................... (Full name in block letters)
am a registered medical practitioner in Australia 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; or
- The medical superintendent of a public hospital; or
- 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 80 of the Public Health Regulation 2012 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; or
- satisfied that the child is a still-born child.

(cross out the point that is not applicable).

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 ............................................................................... Date: ..............................

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

..............................................................................................................................

Phone Number ..............................................................................................

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