

Medical Referee's Cremation Permit (Other than Still-Born Children)



Public Health Regulation 2022 Section 106

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 as defined in Schedule 7 of the Public Health Regulation 2022 (Regulation) because I am:

A Public Health Officer who is a registered medical practitioner

The medical superintendent of a public hospital within the meaning of the *Health Services Act 1997*

A medical practitioner appointed by the Secretary as a Medical Referee for the Regulation.

I have received an application for permission for cremation made under Section 104 of the Public Health Regulation 2022 and a Death Certificate under Section 106(1)(b) of that Regulation in respect of:

Name of deceased: _____

Last address of deceased: _____

I have not issued the death certificate in respect of the deceased or administered professional care or treatment to the deceased at any time in the 6 months preceding death. I am not the spouse, de-facto partner, parent, grandparent, aunt, uncle, child, or sibling of the deceased.

I have/have not made an external examination of the body of the deceased. I am satisfied that the identity of the body has been correctly disclosed in the application for cremation and the cause of death of the deceased has been correctly identified in the death certificate. I am satisfied that the application for cremation and death certificate are complete 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 have reviewed the cremation risk advice provided by a relevant medical practitioner.

I am satisfied that the deceased left no written objection to his/her body being cremated.

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: _____