

SCHEDULE 1

Regulation 14(1)

Forms

Application for cremation of the body
of a person who has died

Cremation 1
replacing Form A 01.08

This form can only be completed by a person who is at least 18 years of age.
Please complete this form in full, if a part does not apply enter 'N/A'.

Part 1 Details of the crematorium

Name of crematorium where cremation will take place

Name of funeral director

Telephone number

Part 2 Your details (the applicant)

Your full name

Address

Telephone number

Part 3 Details of the person who has died

Full name

Address

Occupation or last occupation if retired or not in work at date of death

continued over the page ⇨

Status: This is the original version (as it was originally made).

Part 3 continued

Age at date of death

Sex

Male Female

Status

married/civil partnership widow/widower/surviving civil partner Single

Part 4 The application

1. Are you a near relative or an executor of the person who has died? Yes No

Near relative means the widow, widower or surviving civil partner of the person who has died, or a parent or child of the person who has died, or any other relative usually residing with the person who has died.

If No, please give the nature of your relationship and explain why you are making the application rather than a near relative or an executor.

2. Is there any near relative(s) or executor(s) who has not been informed of the proposed cremation? Yes No

If Yes, please give the name(s) and the reason(s) why they have not been contacted.

3. Has any near relative or executor expressed any objection to the proposed cremation? Yes No

If Yes, please give details.

4. What was the date and time of death of the person who has died?

Date

Time

continued over the page ⇨

Part 4 continued

5. Please give the address where the person died.

Address

Please state whether it was the residence of the person who has died or a hotel, hospital, or nursing home etc.

<input type="checkbox"/> Their home	<input type="checkbox"/> Hospital	<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> Hotel	<input type="checkbox"/> Nursing home	<div style="border: 1px solid black; width: 150px; height: 15px;"></div>

6. Do you know or suspect that the death of the person who has died was violent or unnatural? Yes No

7. Do you consider that there should be any further examination of the remains of the person who has died? Yes No

If you have answered Yes to questions 6 or 7, please give reasons below.

8. What is the name, address and telephone number of the usual doctor of the person who has died?

Doctor's name

Address

Telephone number

continued over the page ⇨

Status: This is the original version (as it was originally made).

Part 4 continued

- 9. Please give the name, address and telephone number of the doctor(s) who attended the person who has died during their last illness.

Doctor's name [Text input field]

Address [Text input field]
[Four digit input boxes]

Telephone number [Text input field]

Doctor's name [Text input field]

Address [Text input field]
[Four digit input boxes]

Telephone number [Text input field]

- 10. Was any implant placed in the body which may become hazardous when the body is cremated (e.g. a pacemaker, radioactive device or "Fixion" intramedullary nailing system)?
 Yes No
 I don't know

Implants may damage cremation equipment if not removed from the body of the deceased before cremation and some radioactive treatments may endanger the health of crematorium staff.

If Yes, please give details and state whether it has been removed.

[Text input field for details]

Part 5 Inspection of certificates

You are entitled to inspect the certificates (if any) given by doctors under regulation 16(c)(i) of the Cremation Regulations 2008 (forms Cremation 4 and Cremation 5). If you do not wish to inspect any such certificates yourself you may nominate another person to inspect them instead of you.

Such certificates will only be available for inspection at the offices of the cremation authority for **48 hours** from the time that the cremation authority notifies you, or the person you have nominated, that the certificates are available to be inspected. You may take someone with you when you attend to inspect the certificates. If you, or the person nominated by you, do not attend to inspect the certificates at the time agreed with the cremation authority, the cremation may then proceed.

Please state if you would like to inspect the certificates given by the doctors or whether you would like to nominate someone else to do so instead and give a contact telephone number.

If certificates are given by medical practitioners:-

I would like to inspect the certificates and
my contact telephone number is

I nominate
to inspect the certificates and their
contact telephone number is

Part 6 Statement of truth

I apply for the body of the person who has died to be cremated and I certify that I am at least 16 years of age.

I believe that the facts given in this application are true. I am aware that it is an offence to wilfully make a false statement with a view to obtaining the cremation of any human remains.

Print your full name

Signed

Dated

 / /

Status: This is the original version (as it was originally made).

Application for cremation of body parts

Cremation 2
replacing Form AA | 01.09

Body parts means material consisting of, or including, human cells from a deceased person or stillborn baby.

This form can only be completed by a person who is at least 18 years of age.
Please complete this form in full, if a part does not apply enter 'N/A'.

If your application is about a stillborn baby, replace the words 'person who has died' throughout this form with the words 'stillborn baby'.

Part 1 Details of the crematorium

Name of crematorium where cremation will take place

Name of funeral director

Telephone number

Part 2 Your details (the applicant)

Your full name

Address

Telephone number

Part 3 Details of the person who has died

In the case of a stillborn baby who has not been given a name, in place of the name and address insert a description sufficient to identify the baby.

Full name

Address

continued over the page 

Part 3 continued

Age at date of death

Sex

Male Female

Status

married/civil partnership widow/widower/surviving civil partner Single

Part 4 The application

1. Are you a near relative or an executor of the person who has died? Yes No

Near relative means the widow, widower or surviving civil partner of the person who has died, or a parent or child of the person who has died, or any other relative usually residing with the person who has died, or a parent of a stillborn baby.

If No, please give the nature of your relationship and explain why you are making the application rather than a near relative or an executor.

2. Is there any near relative(s) or executor(s) who has not been informed of the proposed cremation? Yes No

If Yes, please give the name(s) and the reason(s) why they have not been contacted.

3. Has any near relative or executor expressed any objection to the proposed cremation? Yes No

If Yes, please give details.

continued over the page ⇨

Status: This is the original version (as it was originally made).

Part 4 continued

4. What was the date and place of the death or stillbirth?

Date

/ /

Address

5. Please give the name and address of the cemetery, churchyard or crematorium where the body of the person who has died was buried or cremated.

Name of cemetery, churchyard or crematorium

Address

6. Please give the date that the burial or cremation took place.

Date

/ /

7. Please state whether the body parts were removed from the body of the person who has died at a:

Coroner's post-mortem examination Hospital post-mortem examination

Other (please specify)

continued over the page ⇨

Part 4 continued

8. Do you consider that there should be any further examination of the remains of the person who has died? Yes No

If Yes, please give reasons below.

Part 5 Statement of truth

I apply for the following body parts of the person who has died to be cremated and I certify that I am at least 16 years of age.

Specify body parts to be cremated.

I believe that the facts given in this application are true. I am aware that it is an offence to wilfully make a false statement with a view to obtaining the cremation of any human remains.

Print your full name

Signed

Dated

□□ / □□ / □□□□

Status: This is the original version (as it was originally made).

Application for cremation of stillborn baby

Cremation 3
introduced in 2009

This form can only be completed by a person who is at least 18 years of age.
Please complete this form in full, if a part does not apply enter 'N/A'.

Part 1 Details of the crematorium

Name of crematorium where cremation will take place

Name of funeral director

Telephone number

Part 2 Your details (the applicant)

Your full name

Address

Telephone number

Part 3 Details of the stillborn baby

In the case of a stillborn baby who has not been given a name, in place of the name insert a description sufficient to identify the baby.

Full name of baby

Sex

Male Female

Date of stillbirth

continued over the page ➡

Part 4 The application

1. Are you a parent of the stillborn baby? Yes No

If No, please give the nature of your relationship and explain why you are making the application.

2. Have both parents been informed of the proposed cremation? Yes No

If No, please give the name of the parent and the reason(s) why they have not been contacted.

3. Has a parent of the stillborn baby expressed any objection to the proposed cremation? Yes No

If Yes, please give details.

4. Please give the address where the baby was stillborn.

Address

Please state whether it was the applicant's own home, hospital etc.

continued over the page ⇨

Status: This is the original version (as it was originally made).

Part 4 continued

- 5. Do you know or suspect that the baby was not stillborn? Yes No

- 6. Do you consider that there should be any further examination of the stillborn baby's remains? Yes No

If you have answered Yes to questions 5 or 6, please give reasons below.

Part 5 Statement of truth

I apply for the stillborn baby to be cremated and I certify that I am at least 16 years of age.

I believe that the facts given in this application are true. I am aware that it is an offence to wilfully make a false statement with a view to obtaining the cremation of any human remains.

Print your full name

Signed

Dated

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Medical certificate

Cremation 4
replacing Form B | 01.09

This form can only be completed by a registered medical practitioner.
Please complete this form in full, if a part does not apply enter 'N/A'.

Part 1 Details of the deceased

Full name

Address

Occupation or last occupation if retired or not in work at the date of death

Where a past occupation of the deceased person may suggest that the death was due to industrial disease, you should consider whether to refer the death to a coroner.

Part 2 The report on the deceased

1. What was the date and time of death of the deceased?

Date

/ /

Time

2. Please give the address where the deceased died.

Address

Please state whether it was the residence of the deceased or a hotel, hospital, or nursing home etc.

Their home

Hospital

Other (please specify)

Hotel

Nursing home

continued over the page ⇨

Status: This is the original version (as it was originally made).

Part 2 continued

- 3. Are you a relative of the deceased? Yes No

If Yes, please give the nature of your relationship.

- 4. Have you, so far as you are aware, any pecuniary interest in the death of the deceased? Yes No

If Yes, please give details.

- 5. Were you the deceased's usual medical practitioner? Yes No

If Yes, please state for how long.

If No, please give details of your medical role in relation to the deceased.

- 6. Please state for how long you attended the deceased during their last illness?

- 7. Please state the number of days and hours before the deceased's death that you last saw them alive?

Days

Hours

- 8. Please state the date and time that you saw the body of the deceased and the examination that you made of the body.

Date

Time

Examination

continued over the page ⇨

Part 2 continued

9. From your medical notes, and the observations of yourself and others immediately before and at the time of the deceased's death, please describe the symptoms and other conditions which led to your conclusions about the cause of death.

10. If the deceased died in a hospital at which they were an in-patient, has a hospital post-mortem examination been made or supervised by a registered medical practitioner of at least five years' standing who is neither a relative of the deceased nor a relative of yours or a partner or colleague in the same practice or clinical team as you? Yes No

If Yes, are the results of that examination known to you? Yes No

Note: 'Five years' standing' means a medical practitioner who has been a fully registered person within the meaning of the Medical Act 1983 for at least five years and, if paragraph 10 of Schedule 1 to the Medical Act 1983 (Amendment) Order 2002 (S.I. 2002/3135) has come into force, has held a licence to practice for at least five years or since the coming into force of that paragraph.

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Status: This is the original version (as it was originally made).

Part 2 continued

11. Please give the cause of death

1. (a) Disease or condition directly leading to death (this does not mean the mode of dying, such as heart failure, asphyxia, asthenia, etc: it means the disease, injury, or complication which caused death)

[Empty text box for cause of death (a)]

(b) Other disease or condition, if any, leading to (a)

[Empty text box for cause of death (b)]

(c) Other disease or condition, if any, leading to (b)

[Empty text box for cause of death (c)]

2. Other significant conditions contributing to the death but not related to the disease or condition causing it.

[Empty text box for other significant conditions]

12. Did the deceased undergo any operation in the year before their death? Yes No

If Yes, what was the date and nature of the operation and who performed it.

Date of operation

[Date input boxes: □□/□□/□□□□]

Who performed it

[Text box for who performed it]

Nature of operation

[Large text box for nature of operation]

13. Do you have any reason to believe that the operation(s) shortened the life of the deceased? Yes No

If Yes, please give details.

[Large text box for details of shortened life]

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Part 2 continued

14. Please give the full name and address details of any person who nursed the deceased during their last illness (Say whether professional nurse, relative, etc. If the illness was a long one, this question should be answered with reference to the period of four weeks before the death.)

15. Were there any persons present at the moment of death? Yes No

If Yes, please give the full name and address details of those persons and whether you have spoken to them about the death.

16. If there were persons present at the moment of death, did those persons have any concerns regarding the cause of death? Yes No

If Yes, please give details

17. In view of your knowledge of the deceased's habits and constitution do you have any doubts whatever about the character of the disease or condition which led to the death? Yes No

18. Have you any reason to suspect that the death of the deceased was
Violent Yes No
Unnatural Yes No

19. Have you any reason at all to suppose a further examination of the body is desirable? Yes No

If you have answered Yes to questions 17, 18 or 19 please give details below:

continued over the page ⇨

Status: This is the original version (as it was originally made).

Part 2 continued

20. Has a coroner been informed about the death? Yes No

If Yes, please state the outcome.

21. Has there been any discussion with a coroner's office about the death of the deceased? Yes No

If Yes, please state the coroner's office that was contacted and the outcome of the discussions.

22. Have you given the certificate required for registration of death? Yes No

If No, please give the full name and contact details of the medical practitioner who has

Full name

Address

Telephone number

23. Was any hazardous implant placed in the body (e.g. a pacemaker, radioactive device or 'Fexion' intramedullary nailing system)? Yes No

Implants may damage cremation equipment if not removed from the body of the deceased before cremation and some radioactive treatments may endanger the health of crematorium staff.

If Yes, has it been removed?

- Yes No

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Status: This is the original version (as it was originally made).

Part 3 Statement of truth

I certify that I am a registered medical practitioner.

I certify that the information I have given above is true and accurate to the best of my knowledge and belief and that I know of no reasonable cause to suspect that the deceased died either a violent or unnatural death or a sudden death of which the cause is unknown or in a place or circumstance which requires an inquest in pursuance of any Act.

I am aware that it is an offence to wilfully make a false statement with a view to procuring the cremation of any human remains.

Your full name

Address

Telephone number

Registered qualifications

GMC Reference number

Signed

Dated

//

Once completed, this certificate must be handed or sent in a closed envelope by, or on behalf of, the medical practitioner who signs it to the medical practitioner who is to give the confirmatory medical certificate except in a case where question 10 is answered in the affirmative, in which case the certificate must be so handed or sent to the medical referee at the cremation authority at which the cremation is to take place.

Status: This is the original version (as it was originally made).

Confirmatory medical certificate

Cremation 5
replacing Form C 01.08

This form may only be completed by a registered medical practitioner of at least five years' standing who is not either a relative of the deceased, the medical practitioner who issued the medical certificate (form Cremation 4) or a relative or a partner or colleague in the same practice or clinical team as the medical practitioner who issued that certificate.

'Five years' standing' means a medical practitioner who has been a fully registered person within the meaning of the Medical Act 1983 for at least five years and, if paragraph 10 of Schedule 1 to the Medical Act 1983 (Amendment) Order 2002 (S.I. 2002/3135) has come into force, has held a licence to practice for at least five years or since the coming into force of that paragraph.

Please complete this form in full, if a part does not apply enter 'N/A'.

Part 1 Details of the deceased

Full name

Address

Occupation or last occupation if retired or not in work at the date of death

Part 2 The report on the deceased

1. Have you questioned the medical practitioner who gave the Medical Certificate (form Cremation 4)? Yes No

If No, please give reasons.

continued over the page ⇨

Part 2 continued

In answer to questions 2, 3, 4, and 5, please give names and addresses of persons questioned and say whether you spoke to them in person or by telephone. Any failure to answer one of these questions in the affirmative may be treated as inadequate enquiry.

2. Have you questioned any other medical practitioner who attended the deceased? Yes No

If Yes, please give the full name and address details of the medical practitioner(s).

3. Have you questioned any person who nursed the deceased during their last illness, or who was present at the death? Yes No

If Yes, please give the full name and address details.

4. Have you questioned any of the relatives of the deceased? Yes No

If Yes, please give the full name and address details.

5. Have you questioned any other person? Yes No

If Yes, please give the full name and address details.

continued over the page ⇨

Status: This is the original version (as it was originally made).

Part 2 continued

- 6. Please state the date and time that you saw the body of the deceased and the examination that you made of the body.

Date

Time

Examination

- 7. Do you agree with the cause of death given in question 11 of Part 2 of the Medical Certificate (form Cremation 4)? Yes No

If No, please give reasons and give the cause of death.

Reason(s) for disagreeing

- 1. (a) Disease or condition directly leading to death (this does not mean the mode of dying, such as heart failure, asphyxia, asthenia, etc: it means the disease, injury, or complication which caused death)

(b) Other disease or condition, if any, leading to (a)

(c) Other disease or condition, if any, leading to (b)

- 2. Other significant conditions contributing to the death but not related to the disease or condition causing it.

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Status: This is the original version (as it was originally made).

Part 3 Statement of truth _____

I certify that I am a registered medical practitioner of at least five years' standing and I am not a relative of the deceased, or a relative or a partner or colleague in the same practice or clinical team as the medical practitioner who has given the Medical Certificate (form Cremation 4).

I certify that the information I have given above is true and accurate to the best of my knowledge and belief and that I know of no reasonable cause to suspect that the deceased died either a violent or unnatural death or a sudden death of which the cause is unknown or in a place or circumstance which requires an inquest in pursuance of any Act.

I am aware that it is an offence to wilfully make a false statement with a view to procuring the cremation of any human remains.

Your full name

Address

Telephone number

Registered qualifications

GMC reference number

Signed

Dated

/ /

Once completed, this certificate and the Medical Certificate (form Cremation 4) must be handed or sent in a closed envelope by one of the medical practitioners giving the certificates to the medical referee at the cremation authority at which the cremation is to take place.

Status: This is the original version (as it was originally made).

Certificate of coroner

Cremation 6
replacing Form E | 01.09

Please complete this form in full, if a part does not apply enter 'N/A'.

Part 1 Details of the deceased

Full name

Age at date of death Sex Male Female Date of death / /

Place of death or where body found

Registration district and sub-district in which the death is to be registered

Cause of death or insert unascertained

1. (a) Disease or condition directly leading to death (this does not mean the mode of dying, such as heart failure, asphyxia, asthenia, etc: it means the disease, injury, or complication which caused death)

(b) Other disease or condition, if any, leading to (a)

(c) Other disease or condition, if any, leading to (b)

2. Other significant conditions contributing to the death but not related to the disease or condition causing it.

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Part 2 Certification of coroner

I certify that:

- a post-mortem examination of the body of the deceased has been made by my direction or at my request and as a result I am satisfied that an inquest is unnecessary.
- I have opened an inquest on the body of the deceased.
- the death occurred outside the British Islands and no post-mortem examination or inquest is necessary.

In my opinion there is no need for any further examination of the body.

Print your full name

Signed

District

Dated

/ /

Status: This is the original version (as it was originally made).

Part 3 Notification by Registrar of cremation

(Section 3(1) of the Births and Deaths Registration Act 1926)

Name of deceased

Date of death

/ /

Place of death

was cremated on

/ /

Name of crematorium

Print your full name

Signed

Dated

/ /

Certificate following anatomical examination

Cremation 7
replacing Form H | 01.09

Please complete this form in full, if a part does not apply enter 'N/A'.

Part 1 Details of the deceased

Full name

Age at date of death

Sex

Male Female

Date of death

/ /

Part 2 Certification of anatomical examination

I certify that the body of the deceased has undergone an anatomical examination under the authority of a licence granted under the Human Tissue Act 2004¹ for that purpose.

The examination took place at

Your full name

Address

Registered qualifications

Signed

Dated

/ /

¹ If the anatomical examination took place before the implementation of the Human Tissue Act 2004 on 1 September 2006, for the words 'Human Tissue Act 2004' substitute a reference to the relevant Anatomy Act under which the examination was authorised.

Status: This is the original version (as it was originally made).

Certificate releasing body parts for cremation

Cremation 8
replacing Form DD 01.08

Please complete this form in full, if a part does not apply enter 'N/A'.

Part 1 Details of the deceased

Full name

Address

Age at date of death

Sex
 Male Female

Date of death
/ /

Place of death

Part 2 Body parts for release

I confirm on behalf of (insert name and address of hospital trust or other authority lawfully holding the body parts)

that the following body parts are held in respect of the deceased—

- Heart Brain Chest Abdominal

other Organs (please specify)

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Status: This is the original version (as it was originally made).

Part 2 continued

*delete if not applicable

I certify that there is no reason for any further inquiry or examination concerning the above body parts and that they are [with the consent of the coroner for the following district]* now released for cremation in a suitably safe and prepared condition. I am aware that it is an offence to wilfully make a false statement with a view to procuring the cremation of any human remains .

Name of coroner's district (if applicable)

Your full name

Address

Registered qualifications

GMC reference number

Signed

Dated

/ /

Status: This is the original version (as it was originally made).

Certificate of stillbirth

Cremation 9
introduced in 2009 01.09

Please complete this form in full, if a part does not apply enter 'N/A'.

Part 1 The stillborn child

Full name of child or description

Sex

Male Female

Date of stillbirth

/ /

Part 2 Certificate of stillbirth

I am a registered

- medical practitioner
- midwife

I certify that I have examined the body of the stillborn child and can certify that the child was stillborn.

I certify that the information I have given above is true and accurate to the best of my knowledge and belief.

I am aware that it is an offence to wilfully make a false statement with a view to procuring a cremation.

Your full name

Address

Registered qualifications

GMC reference number / Nursing and Midwifery Council Personal Identification number (PIN)

Signed

Dated

/ /

Authorisation of cremation of deceased person by medical referee

Cremation 10
replacing Form F 01.08

Please complete this form in full, if a part does not apply enter 'N/A'.

Part 1 Details of the deceased

Full name

Address

Occupation or last occupation if retired or not in work at date of death

Part 2 Authorisation by medical referee

An application has been made for the cremation of the remains of the deceased.

I am satisfied that—

- (a) the requirements of the Cremation (England and Wales) Regulations 2008 have been complied with;
- (b) the inquiry/examination made by the persons who gave the relevant certificates has been adequate; and
- (c) the fact and cause of death have been definitely ascertained or, if not ascertained, a coroner has opened an inquest.

Accordingly, I authorise the Registrar of the following crematorium to cremate the remains of the deceased within that crematorium—

Name of crematorium

Print your full name

Cremation authority

Signed

Dated

/ /

Status: This is the original version (as it was originally made).

Certificate after post-mortem examination

Cremation 11
replacing Form D 01.09

Please complete this form in full, if a part does not apply enter 'N/A'.

Part 1 Details of the deceased

Full name

Address

Occupation or last occupation if retired or not in work at date of death

Part 2 Certification of person making post-mortem examination

I certify that I have made a post-mortem examination of the remains of the deceased under the authority of a licence granted under the Human Tissue Act 2004 for that purpose and the appropriate consents required by that Act having been obtained.

I am satisfied that the cause of death was

1. (a) Disease or condition directly leading to death (this does not mean the mode of dying, such as heart failure, asphyxia, ashenia, etc: it means the disease, injury, or complication which caused death)

- (b) Other disease or condition, if any, leading to (a)

- (c) Other disease or condition, if any, leading to (b)

continued over the page ⇨

Part 2 continued

2. Other significant conditions contributing to the death but not related to the disease or condition causing it.

- I am satisfied that there is no reason for making any toxicological analysis.

If a toxicology analysis has been made have the results been stated in this certificate
stated in this certificate or are they attached? attached to this certificate

- I am satisfied that there is no reason for the holding of an inquest.

If the cause of death is such as to require that an inquest be held, the coroner should issue a certificate and meet the costs of the post-mortem examination by paying the fee prescribed by the Secretary of State.

I am aware that it is an offence to wilfully make a false statement with a view to obtaining the cremation of any human remains.

Your full name

Address

Registered qualifications

GMC reference number

Signed

Dated

Status: This is the original version (as it was originally made).

Authorisation of cremation of body parts by medical referee

Cremation 12
replacing Form FF 01.08

Please complete this form in full, if a part does not apply enter 'N/A'.

Part 1 The deceased/stillborn child

In the case of a stillborn child who has not been given a name, insert a description sufficient to identify the body.

Full name

Address

Part 2 Authorisation by medical referee

An application has been made for the cremation of the body parts of the deceased/stillborn child.

I am satisfied that the requirements of the Cremation (England and Wales) Regulations 2008 have been complied with.

Accordingly, I authorise the Registrar of the following crematorium to cremate the remains of the deceased within that crematorium—

Name of crematorium

Print your full name

Cremation authority

Signed

Dated

/ /

Authorisation of cremation of stillborn child by medical referee

Cremation 13
introduced in 2009 01.09

Please complete this form in full, if a part does not apply enter 'N/A'.

Part 1 The stillborn child

Full name of child or description

Sex

Male Female

Part 2 Authorisation by medical referee

An application has been made for the cremation of the stillborn child.

I am satisfied that—

- (a) the requirements of the Cremation (England and Wales) Regulations 2008 have been complied with;
- (b) the examination made by the person who gave the relevant certificate has been adequate; and
- (c) there is no reason for further examination.

Accordingly, I authorise the Registrar of the following crematorium to cremate the stillborn child within that crematorium—

Name of crematorium

Print your full name

Cremation authority

Signed

Dated

/ /

Status: This is the original version (as it was originally made).

SCHEDULE 2

Regulation 36

Instruments revoked

<i>Instruments revoked</i>	<i>Reference</i>
Regulations, dated 28th October 1930, made by the Secretary of State under section 7 of the Cremation Act 1902 and section 10 of the Births and Deaths Registration Act 1926	S.R. & O. 1930/1016
The Cremation Regulations 1952	S.I. 1952/1568
The Cremation Regulations 1965	S.I. 1965/1146
The Cremation Regulations 1979	S.I. 1979/1138
The Cremation (Amendment) Regulations 1985	S.I. 1985/153
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The Cremation (Amendment) Regulations 2006	S.I. 2006/92