

Schedules

Schedule 3

Regulation 2(16)(d)

Form Cremation 10 (authorisation of cremation of deceased person by medical referee)

Authorisation of cremation of deceased person by medical referee

Cremation 10
replacing Cremation
10 issued in 2018

03/24

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

Part 1 Details of the deceased person

Full name

Address

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

Part 2 Authorisation by medical referee

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

I am satisfied that:

- (a) the requirements of the Cremation (England and Wales) Regulations 2008 have been complied with; and
- (b) where a coroner is under a duty to investigate under section 1 of the Coroners and Justice Act 2009, an investigation has been opened.

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

Name of crematorium

Print your full name

Cremation authority

Signed

Dated

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