

CERTIFICATE OF MEDICAL PRACTITIONER

FORM B

The Cremation Regulations 1973 Reg. 7(1)(a)

Consecutive number: _____
(Cremation Registrar to complete)

I am informed that application is about to be made for the cremation of the body of:

Full Name of Deceased: First _____ Surname _____

Address: _____

Occupation: _____

As a medical practitioner who is required or permitted by section 46B or 46C(1) of the Burial and Cremation Act 1964 to give a doctor's certificate (as defined in section 2(1) of that Act) for the death, and who has seen and identified the body after death, I give the following answers to the questions set out below:

1. On what date and at what hour did he (or she) die? Date: ____ / ____ / ____ Hour: _____ am / pm

2. Where did the deceased die? [Give address and say whether own residence, lodgings, hotel, hospital, nursing-home, etc]

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

If so, state the relationship: _____

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

5. Were you the ordinary medical attendant of the deceased? Yes No

If so, for how long? [State how many weeks, months, or years.] _____

6. Did you attend the deceased during his (or her) last illness? Yes No

If so, for how long? [State how many hours, days, weeks, or months.] _____

7. If you attended the deceased during his or her last illness, when did you last see the deceased alive? [Say how many hours or days before death.]

8. (a) How soon after death did you see the body? _____

(b) What steps did you take to satisfy yourself as to the fact of death? _____

(c) How did you establish the identity of the deceased person? _____

9. What were the causes of death? State the period elapsing between onset of each condition and death [years, months, or days]

(a) Immediate cause – the disease, injury, or complication which caused death? _____

(b) Morbid conditions (if any) giving rise to the immediate cause [place the condition in chronological order beginning with the most recent]?

(c) Other conditions (if any) contributing to death – pregnancy, parturition, over-exertion, dangerous occupation?
