

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 "Fixion" 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

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 of 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.