

3. Did the deceased leave any written direction as to the mode of disposal of his [or her] remains; and, if so, what?

4. Have the near relatives of the deceased been informed of the proposed cremation?

(The term "near relative" as here used includes widow, widower, parents, children above the age of sixteen, and any other relative usually residing with the deceased.)

5. Has any near relative of the deceased expressed any objection to the proposed cremation? If so, on what ground?

6. What was the date and hour of the death of the deceased?

7. What was the place where deceased died. [Give address, and say whether own residence, lodgings, hotel, hospital, nursing home, &c.]

8. Do you know or have you any reason to suspect that the death of the deceased was due, directly or indirectly, to—

- (a) Violence;
- (b) Poison;
- (c) Privation or neglect;
- (d) Illegal operation.

9. Do you know any reason whatever for supposing that an examination of the remains of the deceased may be desirable?

10. Give name and address of the ordinary medical attendant of the deceased.

11. Give names and addresses of all the medical practitioners who attended deceased during his [or her] last illness.

(The deceased was a member of the religious denomination known as _____, and the tenets of the said denomination require the burning of the body to be carried out as a religious rite, otherwise than in a crematorium.)

I hereby certify, with a view to procuring the cremation of the remains of the above-named deceased, that all the particulars stated above are true, and that to the best of my knowledge and belief, no material particular has been omitted.

Signed at _____, the _____ day of _____ [Signature.]

Witness to signature—

Name :

Occupation :

Address :

FORM B.

THE CREMATION REGULATIONS, 1928.

Certificate of Medical Attendant.

I AM informed that application is about to be made for the cremation of the remains of

[Name of deceased.]

[Address.]

[Occupation.]

Having attended the deceased before, and 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?

2. What was the place where the deceased died? [Give address, and say whether own residence, lodgings, hotel, hospital, nursing home, &c.]

3. Are you a relative of the deceased? If so, state the relationship.

4. Have you, so far as you are aware, any pecuniary interest in the death of the deceased?

5. Were you the ordinary medical attendant of the deceased? If so, for how long?

6. Did you attend the deceased during his [or her] last illness? If so, for how long?

7. When did you last see the deceased alive? [Say how many hours or days before death.]

8. How soon after death did you see the body, and what examination of it did you make?