

FORM D.

THE CREMATION REGULATIONS, 1928.

Coroner's Certificate.

I CERTIFY that I held an inquest on the body of _____, and that the finding was as follows:—

Medical evidence was given by _____. I am satisfied from the evidence that the cause of death was _____, and that no circumstance exists which could render necessary any further examination of the remains or any analysis of any part of the body.

[Date.]

[Signature of Coroner.]

FORM E.

THE CREMATION REGULATIONS, 1928.

Authority to Cremate.

WHEREAS application has been made for the cremation of the remains of—

[Name.]

[Address.]

[Occupation.]

And whereas I have satisfied myself that all the requirements of the Ceme-teries Act, 1908, and the Cremation Regulations, 1928, have been complied with, that the cause of death has been definitely ascertained, and that there exists no reason for any further inquiry or examination:

Now, therefore, I hereby authorize the sexton of the crematorium at _____ to cremate the said remains.

[Signature.]

Medical Referee (or Medical Officer of Health or trustees) duly authorized under the Cremation Regulations, 1928.

[Date.]

NOTE.—This authority should be signed in duplicate; one copy to be retained with the application papers and the other sent by the Medical Referee to the sexton of the crematorium.

In the case of a still-born child, in the place of the name, address, and occupa-tion, insert a description sufficient to identify the body, and in place of the words "that the cause of death has been definitely ascertained" insert the words "that the child was still-born."

FORM F.

THE CREMATION REGULATIONS, 1928.

Authority to cremate elsewhere than in an Approved Crematorium.

WHEREAS application has been made for the cremation of the remains of—

[Name.]

[Address.]

[Occupation.]

And whereas I have satisfied myself that all the requirements of the Ceme-teries Act, 1908, and the Cremation Regulations, 1928, have been complied with, that the cause of death has been definitely ascertained, and that there exists no reason for any further inquiry or examination:

And whereas it has been represented to me that the said deceased belonged to a religious denomination whose tenets require the burning of the body to be carried out as a religious rite otherwise than in a crematorium:

Now, therefore, I hereby authorize the remains of the said deceased to be cremated at _____, subject to the following conditions.

[Signature.]

Medical Officer of Health.

[Date.]

NOTE.—This authority should be signed in duplicate; one copy to be retained with application papers and the other delivered to the person or persons signing the application.

FORM G.

REGISTER OF CREMATIONS IN _____ CREMATORIUM.

CONSECUTIVE number of application for cremation: _____

Name of deceased: _____

Sex: _____ Age: _____

Date of death: _____

Place of death: _____

Date of Medical Referee's certificate: _____

Date of cremation: _____

Method of disposal of ashes: _____

Date of disposal of ashes: _____

Signature of person receiving ashes: _____

Ground of recipient's claim [i.e., applicant for cremation; relative of deceased—relationship to be stated, &c.].

F. D. THOMSON,
Clerk of the Executive Council.