

might be due to poison, to violence, to any illegal operation, or to privation or neglect, he shall require a post-mortem examination to be held, and if that fails to reveal the cause of death shall decline to allow the cremation unless an inquest be held and a certificate given by the coroner in Form E.

- (6) If he finds any suspicious circumstance, whether revealed in the certificates or otherwise coming to his knowledge, he shall decline to allow the cremation unless an inquest be held and a certificate given by the coroner in Form E.
- (7) If a coroner has given notice that he intends to hold an inquest on the body, he shall not allow the cremation to take place until the inquest has been held.
- (8) He may in any case decline to allow the cremation without stating any reason.

13. The foregoing regulations, 5 to 12, shall not apply to the cremation of the remains of a deceased person who has already been buried for not less than one year. Such remains may be cremated, subject to such conditions as the Secretary of State may impose in the exhumation licence granted by him or otherwise; and any such cremation in which those conditions are not observed shall be deemed a contravention of these regulations.

14. In the case of any person dying of plague, cholera or yellow fever on board ship or in a hospital or temporary place of reception of the sick provided by a Port or other local authority under the Public Health Acts or by a Hospital Committee under the Isolation Hospital Acts, the Medical Referee, if satisfied as to the cause of death, may dispense with any of the requirements of regulations 4, 5, 6, 7, 8, 9, and 12. These regulations may also be temporarily suspended or modified in any district during an epidemic or for other sufficient reason by an order of the Secretary of State on the application of a Local Authority.

15. Notwithstanding the foregoing regulations 6 to 12, the Medical Referee may permit the cremation of the remains of a stillborn child if it be certified to be stillborn by a registered medical practitioner after examination of the body, and if the referee after such inquiries as he may think necessary is satisfied that it was stillborn, and that there is no reason for further examination.

III.—DISPOSITION OF ASHES.

16. After the cremation of the remains of a deceased person the ashes shall be given into the charge of the person who applied for the cremation if he so desires. If not they shall be retained by the cremation authority, and, in the absence of any special arrangement for their burial or preservation, they shall be decently interred in a burial ground or in land adjoining the crematorium reserved for the burial of ashes. In the case of ashes left temporarily in the charge of the cremation authority and not removed within a reasonable time, a fortnight's notice shall be given to the person who applied for the cremation before the remains are interred.

IV.—REGISTRATION OF CREMATIONS, &c.

17. A register of all cremations shall be kept by the cremation authority in Form G, and the entries relating to each cremation shall be filled in by the person having the charge of the crematorium immediately after the cremation has taken place, except the entry in the last column, which shall be filled in as soon as the remains of the deceased have been handed to the relatives or otherwise disposed of.

18. All applications, certificates, statutory declarations and other documents relating to any cremation shall be marked with a number corresponding to the number in the register, shall be filed in order, and shall be carefully preserved by the cremation authority.

All such registers and documents shall be open to inspection at any reasonable hour by any person appointed for that purpose by the Secretary of State, the Local Government Board or the Chief Officer of any Police Force.

19. When any crematorium is closed as provided in Regulation 1, the Cremation Authority shall send all registers and documents relating to the cremations which have taken place therein to the Secretary of State, or otherwise dispose of them as he may direct.

20. The Secretary of State may make any inquiry he thinks fit as to the carrying out of these Regulations in connection with any Crematorium.

SCHEDULE—DRAFT FORMS.

Form A.

Application for Cremation, with Statutory Declaration.

I, (name of applicant) _____
 (address) _____
 (occupation) _____
 apply to the _____
 to undertake the cremation of the remains of
 (name of deceased) _____
 (address) _____
 (occupation) _____
 (age) _____ (sex) _____
 (whether married or not) _____

The true answers to the questions set out below are as follows :—

1. Are you an executor or the nearest surviving relative of the deceased?
2. If not, state
 - (a) Your relationship to the deceased.
 - (b) The names and addresses of the nearer surviving relatives and their relationship to the deceased.
 - (c) The reason why the application is made by you.
3. Did the deceased express orally or in writing any wish as to the mode of disposal of his remains?
4. Have the near relatives* of the deceased been informed of the proposed cremation?

* The term "near relative" as here used includes widow or widower, parents, children

above the age of 16, brothers and sisters above that age, and any other relative usually residing with the deceased.

5. Has any near relative of the deceased expressed any objection to the proposed cremation?
6. What was the date and hour of the death of 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.
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 the medical practitioners who attended deceased during his last illness.

I do hereby solemnly and sincerely declare that all the particulars stated above are true, and that to the best of my knowledge and belief no material particular has been omitted; and I make this solemn declaration conscientiously believing the same to be true and by virtue of the Statutory Declarations Act 1835.

(Signature) _____

Declared at _____

the _____ day of _____

before me,

(Signature) _____

FORM B.

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 death, 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, etc.)
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 days or hours before death.)
8. How soon after death did you see the body, and what examination of it did you make?

9. What was the cause of death?

{ Primary
Secondary

(Specify the disease, injury, &c., and if possible distinguish the primary from the secondary cause as in the Death Certificate.)

What was its duration in years, months or days?

10. What was the mode of death? (Say whether syncope, coma, exhaustion, convulsions, &c.)

What was its duration in days, hours or minutes?

11. State how far the answers to the last two questions are the result of your own observations, or are based on statements made by others. If on statements made by others, say by whom.

12. Did the deceased undergo any operation during the final illness or within a year before death? If so, what was its nature, and who performed it?

13. By whom was the deceased nursed during his or her last illness. (Give names and say whether professional nurse, relative, &c. If the illness was a long one, this question should be answered with reference to the period of four weeks before the death.)

14. Who were the persons (if any) present at the moment of death?

15. In view of the knowledge of the deceased's habits and constitution,

do you feel any doubt whatever as to the character of the disease or the cause of death?

16. 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.

17. Have you any reason whatever to suppose a further examination of the body to be desirable?

18. Have you given the certificate required for registration of death?

I hereby declare that the answers given above are true and accurate to the best of my knowledge and belief, and that there is no circumstance known to me which can give rise to any suspicion that the death was due wholly or

in part to any other cause than ^{disease} accident

or which makes it desirable that the body should not be cremated.

(Signature) _____

(Address) _____

(Registered qualifications) _____

Date _____

NOTE.—This certificate must be handed or sent in a sealed envelope by the Medical practitioner who signs it to the Medical Referee who is to give the confirmatory certificate below.

FORM C.

Confirmatory Medical Certificate.

I have examined the foregoing medical certificate, and have made inquiry as stated in my answers to the questions below:—

1. Have you seen the body of the deceased?

2. Have you carefully examined the body externally?

3. Have you made a post-mortem examination?

4. Have you seen and questioned the medical practitioner who gave the above certificate?

5. Have you seen and questioned any other medical practitioner who attended the deceased?

6. Have you seen and questioned any person who nursed the deceased during his last illness, or who was present at the death?

7. Have you seen and questioned any of the relatives of the deceased?

8. Have you seen and questioned any other person?

(In the answers to questions 5, 6, 7, & 8 give names and addresses of person seen and say whether you saw them alone.)

I am satisfied that the cause of death was

and I certify that I know of no circumstance which can give rise to any suspicion that death was due wholly or in part to any other cause

than ^{disease} accident

or which makes it desirable that the body should not be cremated.

(Signature) _____

(Address) _____

(Date) _____

(Registered qualifications) _____

(Office) _____

NOTE.—The Certificates in Forms B and C must be handed or sent in a sealed envelope to the Medical Referee by one or other of the Medical practitioners by whom they are given.

FORM D.

Certificate after Post-Mortem Examination.

I hereby certify that, acting **on the instructions of* _____

Medical Referee to the _____

I made a post-mortem examination of the remains of

(Name) _____

(Address) _____

(Occupation) _____

The result of the examination is as follows:— _____

I am satisfied that the cause of death was _____ and that there is no reason *for making any toxicological analysis† or for the holding of an inquest.*

* Where the Medical Referee himself gives this certificate, strike out the words in italics and insert "as."

† The words in italics should be omitted where a toxicological analysis has been made and its result is stated in this certificate or in a certificate attached to it.

(Signature) _____
 (Address) _____
 (Date) _____
 (Registered qualification) _____

FORM E.

Coroner's Certificate.

I certify that I held an inquest on the body of _____
 and that the verdict of the Jury was as follows:— _____

Medical evidence was given by _____

I am satisfied 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) _____

 Coroner

FORM F.

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
 Cremation Act, 1902, and of the Regulations made in pursuance of that Act,
 have been complied with, that the cause of death has been definitely ascer-
 tained, and that there exists no reason for any further inquiry or examination ;:

I hereby authorize the Superintendent of the Crematorium at
 to cremate the said remains.
 (Signature) _____
 Medical Referee to the _____
 (Date) _____

NOTE.—In the case of a stillborn child in place of the name, address and occupation, 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 stillborn."

FORM G.

Register of Cremations

carried out by _____

at the Crematorium at _____

No.	Date of crema- tion.	Name, Residence, and Occupation of deceased.	Age and sex.	Whether married or unmarried.	Date of Death.	Name and address of person who applied for cremation.	Names and addresses of persons signing certificates.	District where death has been registered.	How ashes were dis- posed of.