



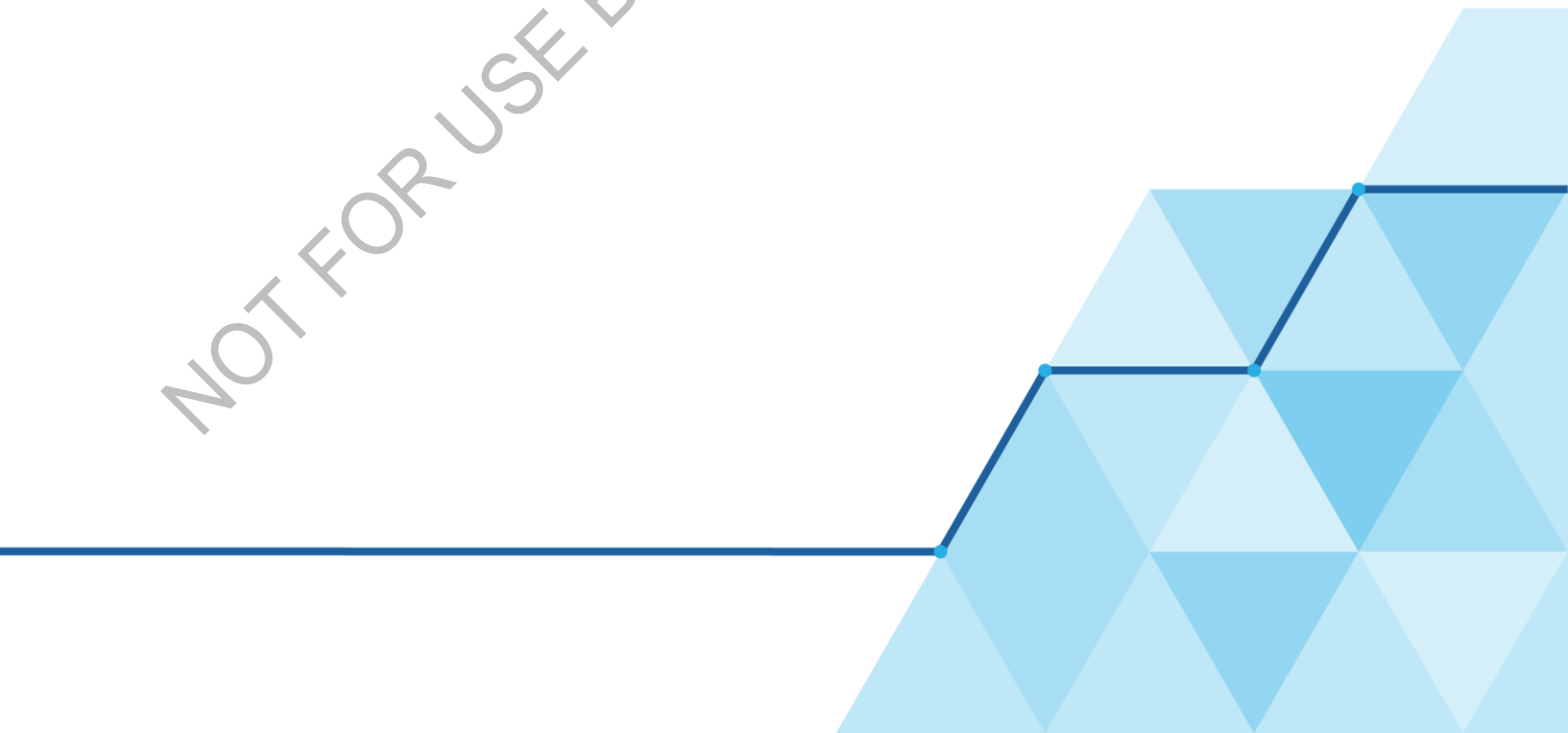
Ministry  
of Justice

# The Cremation (England and Wales) Regulations 2008

## Guidance for crematorium Medical Referees

September 2024

NOT FOR USE BEFORE 9 SEPTEMBER 2024



# Contents

Introduction	2
Death Certification Reform and the Medical Examiner system	3
The role of the MR – a summary of the key issues to consider before authorising a cremation	6
Relevant legislation: the Cremation (England and Wales) Regulations 2008	8
Form Cremation 1: Application for cremation of the body of a person who has died	10
Form Cremation 2: Application for disposal of body parts	13
Form Cremation 3: Application for cremation of a stillborn baby	14
Form Cremation 6: Certificate of coroner	15
Form Cremation 7: Certificate following anatomical examination	16
Form Cremation 8: Certificate releasing body parts for cremation	17
Form Cremation 9: Certificate of stillbirth	17
Forms Cremation 10, Cremation 12 and Cremation 13: MR's authority to cremate	18
Form Cremation 11: Certificate after post-mortem examination	19
Other matters	20
Further Information	22
Annex A – Battery powered and other implantable medical devices that could cause problems during cremation	23

## Introduction

1. This guidance is for Crematorium Medical Referees (MRs) and sets out how they should carry out their duties under the Cremation (England and Wales) 2008 Regulations.
2. References to 'the 2008 regulations' in this documents relate to the Cremation (England and Wales) Regulations 2008 as amended by the Cremation, Coroners and Notification of Deaths (England and Wales) (Amendment) Regulations 2024 which are available at this link; [The Cremation \(England and Wales\) Regulations 2008 \(legislation.gov.uk\)](https://www.legislation.gov.uk).
3. This guidance has been updated in the light of the new statutory death certification process and attendant changes which came into effect on 9 September 2024.

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# Death Certification Reform and the Medical Examiner system

## Death Certification Reform: a summary of the changes

4. The new statutory death certification process came into effect on 9 September 2024. Under this system, all deaths in England and Wales are independently scrutinised, either by a coroner<sup>1</sup> or by a Medical Examiner (ME). An ME is a senior medical doctor who provides independent scrutiny of all non-coronial deaths.
5. **One of the key changes relates to the eligibility for completing the Medical Certificate of Cause of Death (MCCD):** Under the new system, in cases **not** involving a coroner, stillbirths, body parts or anatomical research, **a registered medical practitioner will be eligible to be an attending practitioner and complete an MCCD, if they have attended the deceased in their lifetime.** The attending practitioner will propose a cause of death, where they have been able to establish it to the best of their knowledge and belief. This change represents a simplification of the previous attendance criteria. This is reflected in the Medical Certificate of Cause of Death Regulations 2024 and a minor amendment has also been made to the Notification of Deaths Regulations 2019 to reflect this.
6. **Another key change relates to information about implantable medical devices:** The existence of **implantable medical devices** is now recorded on the MCCD by the registered attending practitioner. This information will be transferred to the registrar who will add it on to a form that will be accompanying the Certificate for Burial or Cremation, also known as ‘the green form’ which is generated by the registrar. The information on the accompanying form will be shared and passed on by the applicant of the deceased person to the burial authority or crematorium – who will now consistently be informed of the presence of any implantable medical devices in the deceased person.
7. **Another key change relates to the role of the ME:** An ME is a senior medical practitioner **who provides independent scrutiny of the cause of death proposed by the registered attending medical practitioner.** MEs are supported by Medical Examiner Officers (MEOs), and their independent scrutiny includes a review of medical records, an interaction with the registered attending practitioner completing the MCCD, and offering representatives of the deceased person the opportunity to ask questions

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<sup>1</sup> Statutory provisions typically refer to ‘senior coroner’. However there is also statutory provision for area and assistant coroners to exercise the powers and undertake the duties of a senior coroner. Therefore, for ease of reference, the generic term ‘coroner’ is used throughout this guidance.

and raise any concerns. The details of the ME and registered attending practitioner will be included on the accompanying form to the 'green form'.

## Changes to documentation:

8. Many of the existing regulations governing cremations are unaffected by the recent death certification reform. However, it is important to note that:
  - The requirement for a **medical certificate (form Cremation 4)** has been permanently removed, and a **confirmatory medical certificate (form Cremation 5)** has been permanently removed.
  - **The right of the applicant to inspect the medical certificate (form Cremation 4) before the Medical Referee (MR) authorises the cremation has been removed as this form will no longer exist.** However, as explained at paragraph 7 above, MEs will offer representatives of the deceased person the opportunity to ask questions and raise concerns about the cause of death at an earlier stage.
  - **Form Cremation 1 has been amended** – see paragraph 39 below.
  - **Fields on the presence of implantable medical devices have been added to form Cremation 6** – see paragraph 64 below.
  - **Form Cremation 10 has been amended** – see paragraph 75 below.
  - **For deaths in the rest of the British Isles (excluding England and Wales) the 2008 Regulations as they stood prior to the 2024 amendments will continue to apply, and the forms issued in 2018 are to be used. A version of the 2008 Regulations without the 2024 amendments are available at this link:**  
<https://www.gov.uk/government/collections/cremation-forms-and-guidance>.

## The new process for deaths in England and Wales

9. A registered medical practitioner will propose a cause of death which will be independently scrutinised by an ME after reviewing relevant medical records.
10. The ME will offer bereaved people an opportunity to ask questions and raise concerns.
11. Once the registered medical practitioner and the ME have made their declarations and the cause of death is finalised, and if there is no requirement to notify the coroner, the MCCD is sent to the registrar's office; this notification will also start the 5-day target to register the death. It will not be possible for a death to be registered without the ME approving the MCCD.
12. The registration informant, who is the person who provides the information regarding the deceased person, other than the cause of death, to the registrar, is simultaneously notified so that they can contact the register office in order to get the death registered.

13. The informant contacts the register office and the arrangements are made to register the death.
14. Where requested, the registrar produces one or more certified copies of the death entry in the register also known as a Death Certificate for the representative of the deceased person to purchase.
15. The registrar issues a Certificate for Burial or Cremation (the 'green form') to facilitate the funeral arrangements – as part of this process they will also pass on medical information provided by the registered medical practitioner in relation to implantable medical devices, but they have no role in making any decisions relating to this data.<sup>2</sup>
16. **Note on the role of MRs in the new system:** There is a statutory obligation in regulation 6 of the Cremation (England and Wales) Regulations 2008 which means that at present, all cremation authorities must have an MR and as many Deputy MRs as the Secretary of State thinks appropriate. The government has committed to a transitional period while MEs are introduced. During this time, there will be both MEs and MRs. We will provide adequate notice for any changes to ensure that everyone in the system is prepared for the new processes. We will be making an announcement in due course about what changes will be required and we will update this guidance as appropriate.

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<sup>2</sup> Any queries about the information on the form should be raised with either the registered medical practitioner or ME.

# The role of the MR – a summary of the key issues to consider before authorising a cremation

## Forms Cremation 1, 2 and 3

17. All questions on the forms must be answered **by the applicant**.
18. **You have the statutory power to reject inadequately completed forms, and you may refuse to authorise cremation until the forms have been completed satisfactorily. However, you must provide your reasons in writing to the applicant if you refuse to authorise a cremation.**
19. You must be satisfied that the applicant is entitled to sign and complete the form – see paragraph 42 below.
20. If a coroner has completed form Cremation 6, you still need to check form Cremation 1 to ensure that the proper person has applied for the cremation.

## Form Cremation 6

21. You must be satisfied that either:
  - A coroner has issued form Cremation 6, or
  - That the death has been registered, or
  - That the death is not required to be registered.

## Forms Cremation 7 and 8

22. These forms must be filled in **by a registered medical professional**.
23. You may wish to check the registration status of the registered medical professional who completed the form with the General Medical Council.

## Form Cremation 9

24. This form should be completed by either **a registered medical practitioner or a registered midwife** in all cases where a stillborn baby is to be cremated. You may wish to check the registration status of the medical professional who completed the form with the appropriate governing body, either the General Medical Council or the Nursing and Midwifery Council.

## Forms Cremation 10, 12 and 13

25. These forms must be completed **by the MR** in order to authorise a cremation to take place.

## General considerations

26. **You should not be pressured into accepting last minute applications**; you should, however, be prepared to make yourself available at some stage during each working day to review applications.

27. Crematoria or funeral service providers must not change the wording of the cremation forms available at gov.uk, **You should not authorise any cremation which uses amended forms.**

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# Relevant legislation: the Cremation (England and Wales) Regulations 2008

28. You should familiarise yourself with the legislation under which you perform your duties.
29. The Cremation (England and Wales) Regulations 2008 (the 2008 Regulations) came into effect on 1 January 2009. They modernised and consolidated all previous regulations, replacing the Cremation Regulations 1930 (as amended). The 2008 Regulations were amended in 2016, 2017, 2022 and again in 2024.
30. **After 9 September 2024, applications for cremation must be made using the forms introduced through the Cremation (England and Wales) (Amendment) Regulations 2017 and the Cremation (England and Wales) (Amendment) Regulations 2024.** These forms can be downloaded from our website at [www.gov.uk/government/collections/cremation-forms-and-guidance](http://www.gov.uk/government/collections/cremation-forms-and-guidance).
31. **Welsh language documents:** The Welsh Language (Wales) Measure 2011 gives the Welsh language official status in Wales and makes provision for the creation of standards of conduct in relation to the use of Welsh and places duties on certain bodies to comply with those standards. The Cremation (England and Wales) (Amendment) Regulations 2017 made provision for cremation forms to be issued bilingually. These forms can be downloaded from our website: [Ffurflenni a Chanllawiau Amlsggi - GOV.UK \(www.gov.uk\)](http://Ffurflenni a Chanllawiau Amlsggi - GOV.UK (www.gov.uk))

## Responsibilities

32. Your responsibilities as an MR are set out in regulations 23 to 28 of the 2008 Regulations and can be summarised as follows.
33. **You should not allow a cremation to take place unless:**
- You are satisfied that the application and certificates are completed appropriately and as required by the 2008 Regulations as amended;
  - You are satisfied that either the application has been made by an executor or a near relative of the deceased person, or that the applicant is a proper person to make the application and there is sufficient explanation as to why the application has not been made by an executor or near relative;
  - You are satisfied that the death has been properly registered, is not required to be registered, or that a coroner has issued a Certificate of coroner (form Cremation 6).

34. You will no longer be required to be satisfied that the fact and cause of death has been definitely ascertained in non-coronial cases – this will be done earlier in the process by an ME, and will be evidenced by the presence of a Certificate of Cremation (the ‘green form’).
35. In addition:
- Where there is a concern that you may not be sufficiently independent of the doctor completing the MCCD, you should consider whether the application for cremation should be scrutinised and authorised by an alternative MR;
  - You should not allow a cremation if there are other suspicious circumstances connected to the death of the deceased person, unless an investigation has been commenced by the coroner and a coroner has completed form Cremation 6;
  - If the death has been referred to the coroner, you should not allow the cremation until an investigation has been commenced, if a coroner has given notice of his or her intention to open an investigation; and
  - You should make such reports to the Secretary of State for Justice as may from time-to-time be required.
36. Where a death occurred in Scotland, Northern Ireland, Isle of Man or the Channel Islands but a cremation is to take place in England and Wales, if you are not satisfied about the cause of death, regulation 24 still applies. Note: we do not envisage that this provision will need to be used in practice and will keep the decision to maintain this regulation under review. However, if regulation 24 applies you should not allow a cremation if a post-mortem examination carried out under section 24 fails to reveal the cause of death, unless an investigation has been commenced and a coroner has issued form Cremation 6.

# Form Cremation 1: Application for cremation of the body of a person who has died

37. This form must be completed and signed by the applicant, supported by the funeral service provider, where used, in all cases where the deceased person is to be cremated.
38. The revised form Cremation 1 published in 2024 replaces the version issued in 2018. It has been updated to take account of the death certification reforms.
39. The key changes included in the form are:
- a space to input the email addresses of the funeral service provider, where used, and the registered medical practitioner, where known, who attended the deceased person;
  - a data protection statement;
  - a statement confirming that all of the relevant documentation has been provided;
  - an amended question on the presence of implantable medical devices; and
  - a new section covering the disposal of any metals.
40. It is essential that:
- The form is **completed in full**;
  - **All questions are answered**;
  - **No questions are deleted**; and
  - If handwritten, the writing is **legible**.
41. It is for you to decide whether the information provided on the application allows you to authorise the cremation, with or without further enquiry. You may wish to make further enquiries of the ME and in some cases the applicant.

## Part 2: Details of the applicant

42. **Question 1:** The application should be made by an executor or a near relative of the deceased person. Where it is not, the applicant must be a “proper person” to make the application and enquiries should be made to ascertain either that:
- efforts to identify any executor or near relatives have failed; or
  - that the executor or near relatives do not object to a cremation; and
  - that the executor or near relatives does not wish to make the application themselves.

43. In some cases, the next of kin will be described as being too upset to make the application personally and will have delegated this responsibility to another member of the family. This is understandable, but you may still need to make further enquiries to establish the true position.
44. **Question 3:** There may be times where the answer sets out an objection by another near relative, or executor, to the proposed cremation. In these circumstances we would suggest that you and the cremation authority invite the applicant to resolve any external issues before applying for cremation – this can be done through a funeral service provider where used.

### Part 3: Details of the person who died

45. **Question 4** asks about any implantable medical device that may become hazardous during cremation, for example a pacemaker, radioactive device or “Fixion” intramedullary nailing system. Some implantable medical devices can cause damage to machinery or present a risk to human life. It is therefore essential to ensure that any information about implantable medical devices and their removal is included on form Cremation 1, by the applicant prior to the form being sent to the crematorium. A list of implantable medical devices that may cause problems during cremation is provided at [Annex A](#). You will need to check and compare the information provided here with the information provided on the ‘green form’ issued by the registrar, or on form cremation 6.
46. Should the ‘green form’ indicate the presence of a medical device, and that it has not been removed, you may make further enquiries of the funeral service provider, where used, if form Cremation 1 does not indicate the removal of an implantable medical device, or makes enquiries from either the medical practitioner or ME who are named on the green form.

### Part 4: Disposal of ashes

47. Part 4 of the form deals with applicants’ wishes relating to the ashes of the deceased person following the cremation. You should make sure after discussion with the crematorium staff that you are satisfied that the applicants’ wishes are deliverable.

### Part 5: Recovery of ashes

48. This part alerts applicants to the possibility that in some rare cases, such as in the cremation of stillborn or small babies or body parts, no ashes may be recovered. All applicants are asked to confirm they understand this risk. **You should check that this box is ticked.**

## Part 6: Statement of truth

49. This form is to be completed and signed **only by the applicant** for cremation. There must be an electronic or hand-written signature, not an abbreviation or a stamp.

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## Form Cremation 2: Application for disposal of body parts

50. The form Cremation 2 published in 2018 replaced the version of the form issued in 2009.

51. This form is usually **completed by a close relative or the executor of the will.**

52. Form Cremation 2 should be **accompanied by form Cremation 8 and the appropriate registration documentation.**

53. The considerations set out paragraphs 47 and 48 above referencing the applicants' wishes relating to the ashes of the deceased person after the cremation and the recovery of ashes apply to form Cremation 2.

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## Form Cremation 3: Application for cremation of a stillborn baby

54. The form Cremation 3 published in 2018 replaced the version of the form issued in 2009.
55. This form must be **completed and signed by the applicant**, who is usually either one of the parents of a stillborn baby, supported by the funeral service provider, but may be the bereavement officer at the hospital if requested by the parent.
56. A stillbirth is defined as a baby born not alive after 24 completed weeks of pregnancy, if less than 24 weeks the 2008 regulations do not apply however the crematorium may nevertheless facilitate the cremation.
57. You need to be satisfied, as with form Cremation 1, that:
- The applicant completing form Cremation 3 is entitled to make the application, and
  - That there is nothing contained within the information on the forms provided to suggest that the infant was live born. If there is any evidence which suggests that the baby was live-born or showed independent signs of life, you should discuss this with either the hospital or a coroner.
58. **The cremation of a stillborn baby now requires the use of form Cremation 3, and either:**
- **a form Cremation 9** completed by a registered medical practitioner or a registered midwife. In cases of doubt, you may wish to check registration with the appropriate governing body, either the General Medical Council or the Nursing and Midwifery Council (see paragraph 24 above). **Or**
  - **a declaration given by a person who can give information about the birth.**
59. **Part 6:** this part relates to the wishes of applicants as to what should happen to the ashes following the cremation. It alerts applicants to the possibility that in some rare cases no ashes may be recovered. You will wish to be satisfied that the applicants' wishes are deliverable.

## Form Cremation 6: Certificate of coroner

60. The form Cremation 6 published in 2024 replaces the version of the form issued in 2022.
61. This form is completed by the relevant coroner where a death has been reported to them and they have commenced an investigation under section 1 of the Coroners and Justice Act 2009. The form has been slightly amended to take account of changes to the underlying legislation, made as part of the wider death certification reforms which are being implemented alongside the statutory Medical Examiner scheme, to more accurately reflect the statutory role of the coroner. This form will no longer be issued by the coroner if, following a report of a death, they decide that their duty to investigate is not engaged (even where a post-mortem examination is conducted as part of those preliminary inquiries). Authorisation for cremation in that scenario will follow the usual route for a non-coronial death.
62. MRs may need to make further inquiries at the coroner's office if the form is incomplete.
63. **You must notify the coroner if any suspicious circumstances come to your attention or if you believe that you have a duty to make a notification under the Notification of Deaths Regulations 2019** – see [www.gov.uk/government/publications/notification-of-deathsregulations-2019-guidance](http://www.gov.uk/government/publications/notification-of-deathsregulations-2019-guidance).
64. If the coroner has information on medical implantable medical devices present in the body as a result of examining medical notes or following a post-mortem, they will provide this on the form.



## Form Cremation 7: Certificate following anatomical examination

65. The form Cremation 7 published in 2018 replaced the version of the form issued in 2009.
66. This form is used for the cremation of bodies that have been donated to medical science and **must be filled in by a registered medical professional at the organisation where the examination took place**. You may wish to check relevant registration on the General Medical Council.
67. The relatives or executors of the deceased person may apply for the cremation of a body which has been subject to anatomical examination in accordance with the Human Tissue Act 2004 or the previous anatomy legislation, using form Cremation 1 accompanied by form Cremation 7. **Alternatively, the authorities of the School of Anatomy or other such licensed institution may make the application**. In these cases, you should be satisfied that the appropriate person has signed the application and that there is a satisfactory reason why the executor or near relative has not made the application. Where there is any doubt, you should make enquiries to ascertain whether efforts to identify any executor or near relative have failed, or whether the executor or near relative do not oppose the application, but do not wish to make the application themselves. These enquiries can take the form of engagement with the applicant, and/or their funeral service producer where one is used.
68. Applications may occasionally be made for the cremation of parts remaining from a body donated under the provisions of the Human Tissue Act 2004 (or the legislation which that 2004 Act superseded) and which has already been separately cremated. Provided the retained body parts were removed in the course of the examination of the donated body, The Ministry of Justice takes the view that it is reasonable to cremate on the authority of the existing form Cremation 7.

## Form Cremation 8: Certificate releasing body parts for cremation

69. The form Cremation 8 published in 2018 replaced the version of the form issued in 2009.
70. This form is used by registered medical practitioners to certify that the body parts of a deceased person can be released for cremation. A registered medical practitioner must complete the form on behalf of the hospital trust or other authority holding the body parts. You may wish to check relevant registration on the General Medical Council.
71. Regulation 19 deals with the cremation of body parts removed following a post-mortem examination. Body parts may also be incinerated as desired and the MR will have no involvement in such cases. **You will need to examine form Cremation 8, together with the application form (form Cremation 2) and to be satisfied that registration of death of the deceased person has taken place or a coroner has issued form Cremation 6 in relation to this death.**

## Form Cremation 9: Certificate of stillbirth

72. The form Cremation 9 published in 2018 replaced the version of the form issued in 2009.
73. This form should be completed and signed by either a registered medical practitioner or a registered midwife in all cases where a stillborn baby will be cremated – a definition is available at this link: [Stillbirth - NHS \(www.nhs.uk\)](http://www.nhs.uk). You may wish to check registration with the appropriate governing body, either the General Medical Council or the Nursing and Midwifery Council.
74. **You should be satisfied that the information on form Cremation 9 matches that on the application for cremation of a stillborn baby (form Cremation 3).**

## Forms Cremation 10, Cremation 12 and Cremation 13: MR's authority to cremate

75. For deaths occurring in **England and Wales**, the modified version of **form Cremation 10** published in 2024 should be used. For deaths in the **rest of the British Isles excluding England and Wales**, the version of **form Cremation 10** published in 2018 must now be used. Both versions of Form Cremation 10 must be completed and signed by the MR.
76. The forms Cremation 12 and 13 published in 2018 replaced the version of the forms issued in 2009 and must be completed and signed by the MR.
77. When completing these forms, you should check the name, address and occupation of the deceased person against those on the other forms and registration document, if any, and query any discrepancies before you authorise cremation.
78. **You must always complete Part 2 of form Cremation 10, 12 or 13.**

## Form Cremation 11: Certificate after post-mortem examination

79. The form Cremation 11 published in 2018 replaced the version of the form issued in 2009.
80. Under the new system we are removing the provision which allows MRs to request a post-mortem for all cases in England and Wales. **The only cases where MRs will retain the power to request a post-mortem is where a death occurred in Scotland, Northern Ireland, the Isle of Man and the Channel Islands but where the applicant wishes for the cremation to take place in England and Wales.** In this instance, this form should be used by the person performing the post-mortem under Section 24 of the 2008 Regulations.
81. In the cases described above in paragraph 80, if you believe that the fact and cause of death has not been definitely ascertained, you may then refuse to authorise the cremation, giving your reasons. However, if the family still wish to have the body cremated, you would need to arrange for a post-mortem examination to be performed by a pathologist of your own or the cremation authority's choice, under Regulation 24(2). Any post-mortem examination must be carried out under the authority of a licence issued under the Human Tissue Act 2004.
82. In all cases of this kind, **you must obtain the consent of the family as set out in the Human Tissue Act 2004.** Although this Act requires that the deceased person gave consent for a post-mortem examination whilst still alive, this is unlikely to be common. It will therefore be necessary for the pathologist to be satisfied that a nominated representative or an adult who was in a "qualifying relationship" with the deceased person immediately before their death to provide consent.
83. "Qualifying relationship" is defined by sub-section 54(9) of the 2004 Act as meaning a spouse, civil partner, parent, child, brother, sister, grandparent, grandchild, child of a brother or sister, stepfather, stepmother, half-brother, half-sister and friend of long standing. These qualifying relationships are ranked and consent should be sought from the highest ranking person in the hierarchy of qualifying relationships (see HTA Post Mortem code of practice for details on who may give consent).
84. **Any decision about any fee for the post-mortem examination will need to be agreed between the appropriate adult and other family members and the cremation authority. Subject to the number of tests required, the fee may be substantial.**

## Other matters

### Deaths abroad

85. Where someone dies abroad and the body is repatriated to England or Wales for cremation, special arrangements apply in relation to application forms and certificates under regulation 14 of the 2008 Regulations.
86. Where someone dies in Scotland, Northern Ireland, the Isle of Man or the Channel Islands, you may accept the equivalent of the cremation application forms issued under the law applicable in those jurisdictions, provided they contain all the particulars required by form Cremation 1. You may also accept equivalents of the medical certificate, confirmatory medical certificate, certificate of the coroner or the certificate following an anatomical examination, provided they contain all the particulars required by those certificates as they appear in Schedule 1 to the 2008 Regulations.
87. For a death which occurred in Scotland, form Cremation 1 or its equivalent should be accompanied by:
- **either** Form 14 – Certificate of Registration of Death
  - **or** Form E1 (issued if a procurator fiscal has been involved and has released the remains for cremation); **and**
  - a Certificate of No Liability to Register should also be obtained from the registrar in England or Wales, in whose area it is intended to cremate the body, and inform the coroner for the area where the cremation will take.
88. For a death which occurred in Northern Ireland: form Cremation 1 or its equivalent should be accompanied by:
- **either** Northern Ireland Crematorium Form B (The Medical Certificate) **and** Form C (which verifies the information in Form B) – these forms must be completed by a doctor in Northern Ireland – **or** a Form 20a (Coroner's Authority for Cremation); **and**
  - Certificate of Registration of Death (Green Form equivalent) and Form 18 (Coroner's Certificate for Removal of a Body out of Northern Ireland) must be provided by the coroner; **and**
  - the Northern Ireland Council Form, providing information on whether a hazardous implant is present and whether it has been removed. This must be completed by the doctor who completes Form B or by the coroner.
89. Where someone dies outside England and Wales, but not in Scotland, Northern Ireland, the Isle of Man or the Channel Islands, you may accept an application form

containing the particulars requested in form Cremation 1. This would include an equivalent statement of truth.

90. In practice, most applications for cremation in relation to deaths outside England and Wales, Scotland, Northern Ireland, the Isle of Man and the Channel Islands will require a form Cremation 6 from a coroner, who will examine the relevant foreign documents including the death certificate. The coroner will need to be satisfied that the cause of death has been ascertained or it will be necessary to conduct an investigation. If you have any concerns about the cause of death where someone has died outside England and Wales you should discuss the case with the coroner.

## **Stillbirths outside England and Wales**

91. In the case of a child stillborn outside England and Wales, you may accept a medical certificate of stillbirth given by a registered medical practitioner or registered midwife (or a person entitled to practise as a medical practitioner or midwife) in the place where the stillbirth occurred, under regulation 14(4) of the 2008 Regulations, provided it contains all the particulars required by the certificate of stillbirth. You should do this after making such enquiries as you consider necessary, provided you are satisfied that the baby was stillborn and that there is no reason for further examination.

## **Unidentified remains**

92. You should not consider applications for the cremation of unidentified remains unless a Certificate of coroner (form Cremation 6) has been produced. The circumstances which make it impossible to identify the remains will also require the death to be reported to a coroner and adequate enquiries must have taken place.

## **Cremation of non-viable foetal remains**

93. Foetal remains under 24 weeks gestation are not subject to the provisions of the 2008 Regulations, although most crematoria will be prepared to cremate such remains at their discretion. You should not complete a form Cremation 10 to authorise their cremation. If you are asked by crematoria managers and staff for professional advice on an application to cremate pre-viable fetuses, it is entirely a matter for you whether you provide such advice.

## Further Information

94. This guidance is not intended to be exhaustive and there will be unique instances that arise where you may require assistance. If you require any guidance or information that is not covered in this document, please contact the Funeral Sector, Burials and Cremation Policy team at the Ministry of Justice at [FuneralSectorBurialsandCremation@justice.gov.uk](mailto:FuneralSectorBurialsandCremation@justice.gov.uk).

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## Annex A – Battery powered and other implantable medical devices that could cause problems during cremation

Implants that could cause issues during a cremation include, but are not limited to:

- Pacemakers;
- Implantable Cardioverter Defibrillators (ICDs);
- Cardiac resynchronization therapy devices (CRTDs) Implantable loop recorders;
- Ventricular assist devices (VADs): Left ventricular assist devices (LVADs), Right ventricular assist devices (RVADs), or Biventricular assist devices BiVADs);
- Implantable drug pumps including intrathecal pumps;
- Neurostimulators (including for pain & Functional Electrical Stimulation) Bone growth stimulators;
- Fixion nails;
- Any other battery powered or pressurised implant;
- Radioactive implants used to treat tumours, such as metal wires, seeds or tubes; and
- Radiopharmaceutical treatment (via injection).



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