



CEMETERIES AND CREMATORIA REGULATIONS 2003 SECTION 22

Application for Appointment as a Medical Referee

I wish to make application for appointment as a Medical Referee under Section 22 of the *Cemeteries and Crematoria Regulations 2003* (ACT).

FULL NAME:

POSTAL ADDRESS:.....POSTCODE.....

PRACTICE ADDRESS:

TELEPHONE: (0)

FACSIMILIE: (0)

EMAIL:.....

CURRENT REGISTRATION AS A MEDICAL PRACTITIONER

ACT REGISTRATION NUMBER:

OTHER AUSTRALIAN REGISTRATION NUMBER:.....

HOW MANY YEARS HAVE YOU CONTINUOUSLY PRACTISED MEDICINE?.....

MEDICAL QUALIFICATIONS:.....

REASON FOR APPLYING

(a) I have been requested to provide Medical Referees Cremation Certificates by:

Funeral Director: (name and address).....

Other: (name and address).....

(b) Other reason:

Signature..... Date.....

Signature of Witness..... Date.....

Name of Witness.....

On completion, please return to:

Policy and Planning

ACT Department of Urban Services. Canberra Urban Parks & Places

PO Box 352 Civic Square ACT 2608. Telephone (02) 6207 5630.

Facsimile (02) 6207 5149 ACT Government Homepage: www.act.gov.au
