

CEMETERIES AND CREMATORIA REGULATION 2003

s 8

Certificate of medical referee	To be completed by a doctor who is a medical referee appointed under s 22 of the <i>Cemeteries and Crematoria Regulation 2003</i> (ACT).
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Details of deceased

Surname of deceased		Other names		Domestic partnership status	
Last home address			Place of death		
Date of birth	If date of birth is unknown give AGE as accurately as possible		Date of death	Hour of death	

Has the deceased been fitted with:

- | | |
|--|-------------------|
| (a) cardiac defibrillator, battery powered. | YES / NO / UNSURE |
| (b) cardiac pacemaker, battery powered. | YES / NO / UNSURE |
| (c) drug infusion pump. | YES / NO / UNSURE |
| (d) internal micro pacemaker. | YES / NO / UNSURE |
| (e) irradiated metal pellets. | YES / NO / UNSURE |
| (f) any battery (whether or not implanted in the body), or any other item, which explodes when, subjected to heat. | YES / NO / UNSURE |

If yes above, have the items been removed? YES / NO

Note: Mercury or lithium batteries in pacemakers can cause an explosion if left in the body, which is cremated. Radioactive implants may be a health hazard. Cremation may be refused if a pace maker or other potentially dangerous implant is not removed.

I state:

1. I am a medical referee appointed under s 22 of the *Cemeteries and Crematoria Regulation 2003* (ACT).
2. I have read the Medical Certificate of Cause of Death.
3. I have read the Application for Cremation.
4. I have examined the body of the deceased.
5. I have made a careful and independent inquiry into the circumstances surrounding the death of the deceased.
6. I agree with the cause of death as shown in the Medical Certificate of Cause of Death.
7. In my opinion the death is not required to be reported under the *Coroners Act 1997* (ACT).
8. In my opinion there is no circumstance concerning the death of the deceased that might necessitate further examination of the body before it is cremated, or which could, in my opinion, make exhumation of the body necessary at any time in the future.
9. In my opinion there is no reason why the cremation should not proceed.
10. I am not a relative of the deceased.
11. I am not a relative or employer of, or in partnership with, or deriving any professional remuneration from any doctor who professionally attended the deceased.
12. That apart from any fee payable for the provision of this certificate, I have not acquired and do not anticipate acquiring directly or indirectly any property or pecuniary or other benefit of any description by reason of the death of the deceased.

AND I certify that there is no medical reason why the deceased should not be cremated.

Signature:..... Date:.....

Name (in block letters):.....Qualifications:.....

Address:.....Email:.....

Telephone

Home:.....Work:.....Mobile:.....