

Form B

For office use only

Cremation number: _____

Certificate of Medical Attendant

PURSUANT TO REGULATIONS MADE BY THE MINISTRY OF HEALTH AND LOCAL GOVERNMENT UNDER SECTION 7 OF THE CREMATION ACT, 1902, AS APPLIED BY SECTION 26 OF THE BELFAST CORPORATION (GENERAL POWERS) ACT (NORTHERN IRELAND), 1948

These Forms are Statutory. All the questions must be answered to make the Certificates effective for the purpose of Cremation.

These medical certificates are regarded as strictly confidential. The right to inspect them is confined to any person appointed for that purpose by the Ministry of Health and Local Government, The Ministry of Home Affairs, or the Chief Constable of the Police Service of Northern Ireland.

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 during his/her last illness and within 28 days before death, and having **SEEN AND IDENTIFIED THE BODY AFTER DEATH** I give the following answers to the questions set out below:-

1. On what date, and what hour, did he or she die?	Date: Hour:
2. What was the place where the deceased died? (<i>Give address, and say whether own residence, lodging, hotel, hospital, nursing home, etc.</i>)	
3. Are you a relative of the deceased? If so, state relationship.	
4. Have you, so far as you are aware, any pecuniary interest in the death of the deceased?	
5. (a) Were you the ordinary medical attendant of the deceased? (b) If so, for how long?	(a) (b)
6. (a) Did you attend the deceased during his or her last illness? (b) If so, for how long?	(a) (b)

This form is not to be used in the case of a Coroner's Inquest.

The answers to the questions should be as concise as possible. Figures may be used instead of words. All the questions must be answered.

In all cases where the deceased was not attended by the doctor within 28 days, the Coroner's authority should be obtained for the issue of the Death Certificate. If the death has been reported to Coroner for any reason this should be stated in answer to Question 18.

Name of deceased: _____

This does not mean the mode of dying, e.g. heartfailure, asthenia, etc. It means the disease, injury or complication which caused death.

7. When did you last see the deceased alive? (Say how many days or hours before death)	
8. (a) How soon after death did you see the body? (b) What examinations of it did you make?	(a) (b)
9. What was the cause of death? Disease or condition directly leading to death? Antecedent causes Morbid conditions if any giving rise to the above cause, stating the underlying condition last. Other significant conditions contributing to death but not related to the disease or condition causing it.	(a) <i>due to</i> (b) <i>due to</i> (c)
10. (a) What was the mode of death? (say whether syncope, coma, exhaustion, convulsions, etc.) (b) What was its duration in days, hours or minutes?	(a) (b)
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. (a) Did the deceased undergo any operation during the final illness or within a year before death? (b) If so, what was its nature and who performed it?	(a) (b)
13. By whom was the deceased nursed during his or her last illness? (Give names, and say whether professional nurse, relative etc. 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?	

Name of deceased: _____

16. Have you any reason to suspect that the death of the deceased was due, directly or indirectly, to (a) Violence or misadventure; (b) Unfair means; (c) Negligence or misconduct; (d) Malpractice on the part of others; (e) Any cause other than natural illness or disease for which he/she had been seen and treated by a registered medical practitioner within 28 days prior to death?	
17. Do you know, or have you any reason to suspect, that the death of the deceased occurred while he/she was under an anaesthetic?	
18. If the answer to question 16 or question 17 was "yes" was the Coroner notified of the facts and circumstances relating to the death?	
19. Have you any reason whatever to suppose a further examination of the body to be desirable?	
20. Have you given the certificate required for registration of death? If not, who has?	

When the certificate for registration has been given by authority of the Coroner, this fact should be stated.

I HEREBY CERTIFY that the answers given above are true and accurate to the best of my knowledge and belief, and that I know of no reasonable cause to suspect that the deceased died as the result of the administration of an anaesthetic or as a result of violence, misadventure, unfair means, negligence, misconduct, malpractice, or any cause other than natural illness or disease for which he/she had been seen and treated by me within 28 days prior to death or in such circumstances as may require investigation by the Coroner.

Name (BLOCK LETTERS): _____

Signature: _____

Address: _____

Telephone number: _____

Registered qualifications: _____

Date: _____

GMC Reference Number: _____

Note:- This certificate must be handed or sent in a closed envelope by the medical practitioner who signs it to the medical practitioner who is to give the confirmatory certificate in Form C. The bearer of the certificate can act as the agent of the medical attendant, and to him may be handed the closed envelope for delivery to the other medical practitioner.

Additional information regarding either of the Certificates (particularly as to the medical history of the case) may be given here if necessary.

For office use only

Cremation number: _____

Pacemakers and Fixion Form

Name of deceased: _____

Important: Pacemakers or 'Fixion' intramedullary nailing system can cause an explosion if left in a body which is cremated. Radio-active implants are a health hazard.

Please circle answer the following questions:

1) Has the deceased been fitted with a cardiac pacemaker? **Yes or No**

If yes, has it been removed? **Yes or No or Not applicable**

2) Does the deceased have a radio-active implant or any other hazardous device (for example Fixion intramedullary nailing system)? **Yes or No**

If Yes has it been removed? **Yes or No or Not applicable**

If yes, we may ask for more information before cremation can take place.

Cremation will be refused if a pacemaker or 'Fixion' intramedullary device is not removed or made safe

To be completed and signed by the medical practitioner who completes Form B or the Coroner.

Signed: _____