

SCARBOROUGH BOROUGH COUNCIL
WOODLANDS CREMATORIUM

WOODLANDS DRIVE, SCARBOROUGH, YO12 6QN

Tel: 01723 372652 / 354393



**Authorisation of Cremation
of the deceased person by
Medical Referee**

Note: All parts **MUST** be completed and returned ASAP

Authorisation of cremation of deceased person by medical referee

Cremation 10
replacing Form F

Please complete this form in full, if a part does not apply enter 'N/A'.

Part 1 Details of the deceased

Full name

Address

Occupation or last occupation if retired or not in work at the date of death

Part 2 Authorisation by medical referee

An application has been made for the cremation of the remains of the deceased.

I am satisfied that –

- (a) the requirements of the Cremation (England and Wales) Regulations 2008 have been complied with;
- (b) the inquiry/examination made by the persons who gave the relevant certificates has been adequate; and
- (c) the fact and cause of death have been definitely ascertained or, if not ascertained, a coroner has opened an inquest.

Accordingly, I authorise the Registrar of the following crematorium to cremate the remains of the deceased within that crematorium –

Name of crematorium

print your full name

cremation authority

Signed

Dated

 / /