

SCARBOROUGH BOROUGH COUNCIL
WOODLANDS CREMATORIUM

WOODLANDS DRIVE, SCARBOROUGH, YO12 6QN



Authorisation of cremation of stillborn child by medical referee

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

Part 1 The stillborn child

Full name of child or description

Sex

Male Female

Part 2 Authorisation by medical referee

An application has been made for the cremation of the stillborn child.

I am satisfied that—

- (a) the requirements of the Cremation (England and Wales) Regulations 2008 have been complied with;
- (b) the examination made by the person who gave the relevant certificate has been adequate; and
- (c) there is no reason for further examination.

Accordingly, I authorise the Registrar of the following crematorium to cremate the stillborn child within that crematorium—

Name of crematorium

Print your full name

Cremation authority

Signed

Dated

/ /