

SCARBOROUGH BOROUGH COUNCIL
WOODLANDS CREMATORIUM

WOODLANDS DRIVE, SCARBOROUGH, YO12 6QN

Tel: 01723 372652 / 354393



CONFIRMATORY MEDICAL CERTIFICATE

***To assist the Medical Referee in approving this form
Please note the following points.***

- Form Cremation 5 may only be completed by a fully registered medical practitioner of at least five years' standing and, if paragraph 10 of Schedule 1 to the Medical Act 1983 (Amendment) Order 2002 (S.I. 2002 / 3135) is in force, hold a licence to practice.
- The Form Cremation 5 medical practitioner cannot either be a partner colleague in the same practice or clinical team as the medical practitioner who completed Form Cremation 4, a relative of the deceased.
The two medical practitioners **must** be truly independent of one another, i.e. not on the same team in hospital or a locum at the same surgery.

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

Please print your name in LEGIBLE BLOCK CAPITALS

Confirmatory medical certificate

Cremation 5
replacing Form C

This form may only be completed by a registered medical practitioner of at least five years' standing who is not either a relative of the deceased, the medical practitioner who issued the medical certificate (form Cremation 4) or a relative or a partner or colleague in the same practice or clinical team as the medical practitioner who issued that certificate.

'Five years' standing' means a medical practitioner who has been a fully registered person within the meaning of the Medical Act 1983 (Amendment) Order 2002 (S.I. 2002/3135) has come into force, has held a licence to practice for at least five years or since the coming into force of that paragraph.

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 The report on the deceased

1. Have you questioned the medical practitioner who gave the Medical Certificate (form Cremation 4)? Yes No

If No, please give reasons.

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Part 2 continued

In answer to questions 2, 3, 4, and 5, please give names and addresses of persons questioned and say whether you spoke to them in person by telephone. Any failure to answer one of these questions in the affirmative may be treated as inadequate enquiry.

2. Have you questioned any other medical practitioner who attended the deceased? Yes No

If Yes, please give the full name and address details of the medical practitioner(s).

3. Have you questioned any person who nursed the deceased during their last illness, or who was present at the death? Yes No

If Yes, please give the full name and address details.

4. Have you questioned any of the relatives of the deceased? Yes No

If Yes, please give the full name and address details.

5. Have you questioned any other person? Yes No

If Yes, please give the full name and address details.

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Part 2 continued

6. Please state the date and time that you saw the body of the deceased and the examination that you made of the body.

Date

/ /

Time

Examination

7. Do you agree with the cause of death given in question 11 Part 2 of the Medical Certificate (form Cremation 4)? Yes No

If No, please give reasons and give the cause of death.

Reason(s) for disagreeing

1. (a) Disease or condition directly leading to death (this does not mean the mode of dying, such as heart failure, asphyxia, asthenia, etc: it means the disease, injury, or complication which caused death)

(b) Other disease or condition, if any, leading to (a)

(c) Other disease or condition, if any, leading to (b)

2. Other significant conditions contributing to the death but not related to the disease or condition causing it.

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