

Form F

For office use only

Cremation number: _____

Authority to Cremate

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.

Whereas application has been made for the cremation of the remains of

Name: _____

Address: _____

Occupation: _____

And whereas I have satisfied myself that the relevant requirements of the Cremation Act, 1902, and of the Cremation (Belfast) Regulations (Northern Ireland) 1961, have been complied with, that the cause of death has been definitely ascertained, and that there exists no reason for any further inquiry or examination;

I hereby authorise the Crematorium Manager to cremate the said remains.

Signature: _____

Medical Referee

Date: _____