



Ministry
of Justice

The Cremation (England and Wales) Regulations 2008

Revised guidance to medical practitioners completing form Cremation 4 in a period of emergency

March 2020

The Cremation (England and Wales) Regulations 2008 are modified when specific provisions in the Coronavirus Act 2020 are implemented.

This revised Guidance applies only when the modified Regulations are in force.

No other version of this Guidance should be used during that period.

This revised Guidance will no longer apply once the modified Regulations cease to be in force.

If you are unsure whether this revised Guidance applies, you should consult www.gov.uk/government/collections/cremation-forms-and-guidance or contact coroners@justice.gov.uk.

The revised guidance is highlighted in the pink text boxes.

Contents

| | |
|--|-----------|
| Summary | 3 |
| General overview of the Cremation Regulations | 5 |
| Introduction | 6 |
| Those who can sign form Cremation 4 | 6 |
| Those who can sign form Cremation 5 | 7 |
| This section has been removed because the key change during this period is that there is no requirement for Form Cremation 5. | |
| Dentists | 7 |
| Completion of form Cremation 4 (Medical Certificate) (replaced form B) | 8 |
| Right of Inspection | 9 |
| Form Cremation 4 – Medical Certificate | 10 |
| Question 5: “Usual medical practitioner” | 10 |
| Question 6: “How long you attended the deceased during their last illness?” | 10 |
| Question 7: “The number of days and hours before the deceased’s death that you saw them alive” | 11 |
| Question 8: “Please state the date and time that you saw the body of the deceased and the examination that you made of the body” | 11 |
| Question 9: Symptoms and other conditions | 12 |
| Question 10: Hospital post-mortem examination | 12 |
| Question 11: Cause of death | 12 |
| Questions 12 and 13: Operations | 12 |
| Questions 14, 15 and 16: Those nursing the deceased or present at death | 13 |
| Questions 20 and 21: Referral to coroner/coroner’s office | 13 |
| Question 23: Implants | 13 |

| | |
|--|-----------|
| Form Cremation 5 – Confirmatory Medical Certificate | 14 |
| <p>This section has been removed because the key change during this period is that there is no requirement Form Cremation 5.</p> | |
| Forms completed in Welsh | 14 |
| Other matters | 15 |
| Cause of death – “old age” | 15 |
| Deaths abroad | 15 |
| The cremation of body parts | 15 |
| Unidentified remains | 15 |
| Non-viable foetal remains | 16 |
| Further Information | 16 |
| Annex A – Battery powered and other implants that could cause problems during the cremation of human remains | 17 |

Summary

The Cremation (England and Wales) Regulations 2008 are modified when specific provisions in the Coronavirus Act 2020 are implemented.

When the modified Regulations are in force the requirement for a confirmatory medical certificate (form Cremation 5) is removed. There will only be the medical certificate (form Cremation 4).

This guidance revises the Guidance issued to Medical Practitioners on completing cremation medical certificates under the Cremation (England and Wales) Regulations 2008.

This revised Guidance applies only when the modified Regulations are in force.

If you are asked to complete a form Cremation 5 when you believe the modified Regulations are in force please consult your crematorium or contact coroners@justice.gov.uk for confirmation.

1. You must answer all the questions on the form.
2. The medical referee is likely to reject illegible forms so please write clearly.

In the absence of a confirmatory medical certificate (form Cremation 5) the medical referee may raise more queries with you if a form Cremation 4 does not provide a detailed and clear assessment of the cause of death, and/or does not provide contact details of those who cared for the deceased who can provide additional supporting information. To facilitate smooth functioning of the cremation system, please ensure to include this information.

We expect the medical practitioner signing form Cremation 4 to either

- have seen the deceased in the 28 days prior to death – including video/visual consultations, or seen the deceased after death, or
- know that another medical practitioner has seen the deceased in the 28 days prior to death – including video/visual consultations, or saw the deceased after death.

The Cremation (England and Wales) Regulations 2008

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3. Modes of death, e.g. “multi organ failure” or “heart attack” are unacceptable as a cause of death and the medical referee is likely to reject forms without a proper cause of death.
4. “Old age” as a standalone cause of death for those over the age of 80 is acceptable for registration purposes, but you should be aware that medical referees have been advised to exercise caution if “old age” is given as a cause of death and may well make further enquiries.

- Covid-19 is an acceptable direct or underlying cause of death.
- Covid-19 is a notifiable disease under the Health Protection (Notification) Regulations 2010 but a death caused by Covid-19 virus is not of itself a basis on which the death should be reported to the coroner.

5. You should complete the forms as soon as possible: delays to funerals are unfair to bereaved families.
6. Form Cremation 4 medical practitioners must be registered and hold a licence to practise with the General Medical Council. This includes temporary or provisional registration.

General overview of the Cremation Regulations

7. Medical referees are unable to authorise a cremation unless the relevant forms have been properly completed in accordance with the regulations.
8. Medical referees have the statutory power to reject incomplete medical certificates and may refuse to authorise cremation until all certificates and forms are completed to their satisfaction.
9. Medical referees also have the power to make any enquiry they may consider necessary about a form or certificate.
10. You should assist medical referees in the discharge of their duties by completing the medical certificate fully and accurately, and by responding to any further enquiries as helpfully as possible.
11. Form Cremation 4 and does not need to be completed where the death has been referred to a coroner, or the application relates to the cremation of body parts, to a stillborn baby or to the exhumed remains of a deceased person who has already been buried for a period of one year or more.

Introduction

12. This guidance provides advice to medical practitioners who complete certificates in connection with applications for cremation. It complements advice provided to crematoria medical referees. The main aim is to ensure that medical practitioners are aware of and meet the requirements of the regulations and in doing so avoid unnecessary delay to funerals.

Form Cremation 4 may be downloaded from our website at www.gov.uk/government/collections/cremation-forms-and-guidance.

Form Cremation 4 is unchanged when specific provisions in the Coronavirus Act 2020 are implemented. The guidance below contains detailed information on how to answer particular questions on form Cremation 4 during this period.

When completed the form Cremation 4 should be sent directly to the crematorium medical referee. Form Cremation 4 may be sent electronically as a scanned copy of the signed completed form or with an electronic signature.

You may be asked to complete a form which has been “personalised” for each crematorium, including marginal explanatory notes. Forms which have been substantially altered may not comply with the statutory requirements and may not be valid for use. If you have any doubts about the forms you should check with the crematorium manager. The forms made under the previous 1930 Regulations may no longer be used.

Those who can sign form Cremation 4

13. Regulation 17 of the Cremation Regulations requires the medical certificate (form Cremation 4) to be completed by a registered medical practitioner with a licence to practise with the General Medical Council. This includes those who hold a provisional or temporary registration with the General Medical Council.

Those who can sign form Cremation 5

This section has been removed because the key change during this period is that there is no requirement for Form Cremation 5.

14. You should be aware that criminal and General Medical Council proceedings have been successfully brought against medical practitioners who have falsely completed the forms.

Dentists

Dentists are not qualified to sign the medical certificate.

Completion of form Cremation 4 (Medical Certificate) (replaced form B)

15. The most frequently occurring errors in completing these forms are:

- Failure to complete all questions in full
- Deletion of questions
- Incorrect completion of forms, and
- Illegible handwriting.

16. Abbreviations for causes of death are unacceptable where the abbreviation is unclear, unusual or ambiguous; in such cases, the medical referee is likely to make further enquiries of you. You should sign the form with an electronic or full signature, not an abbreviation. You cannot use a stamp.

17. You must complete the form yourself. It must not be completed by another person on your behalf.

18. Medical referees will expect that the evidence offered on the certificate demonstrates sound clinical grounds for the cause of death given, and you should complete form Cremation 4 with this in mind.

Right of Inspection

19. When you complete form Cremation 4 you should be aware that the applicant for cremation has the right to inspect this form. You should therefore bear in mind that some of the information required by the form (in particular, questions 9 and 12) may have been given by the deceased person in confidence. If this information is included in the form it could be disclosed to the applicant for cremation, if they elect to inspect the form, and this might effectively breach the deceased person's confidence. You therefore may wish to give the information to the medical referee on a separate sheet of paper marked IN CONFIDENCE and attached to the form Cremation 4. You should also note down your reasons for this. You should also ensure that your handwriting is legible.

20. To maintain confidentiality form Cremation 4 should be delivered to the intended recipient in a sealed envelope clearly addressed and marked CONFIDENTIAL, or in the case of electronic transmission they should be sent directly to the intended recipient. Where appropriate you may wish to notify other interested parties that the form has been completed and delivered, such as the funeral director or applicant.

21. The following paragraphs address some other common issues.

Form Cremation 4 – Medical Certificate

Question 5: “Usual medical practitioner”

22. The usual medical practitioner is normally taken to be the deceased’s GP. Where the deceased person has been an in-patient the hospital medical practitioner who attended him or her for a majority of this period, should be regarded as the usual medical practitioner. Where the deceased person was an in-patient for a single, short period of time, it may be better to regard the patient’s GP as the usual medical practitioner, rather than the hospital medical practitioner who attended him or her. It is acknowledged that many patients in hospital are treated by a number of medical practitioners.

If you answer No to the question ‘Were you the deceased’s usual medical practitioner?’ it is important that the Usual medical practitioner is identified in your answer to Question 9, particularly where you did not see the patient during their last illness.

Question 6: “How long you attended the deceased during their last illness?”

23. To complete form Cremation 4 you should:

- a. have seen the deceased in the 28 days prior to death; or
- b. have seen the body of the deceased after death; or
- c. know of another medical practitioner who either saw the deceased in the 28 days prior to death or has seen the body after death.

24. **Attendance** by a medical practitioner includes digital consultations undertaken by video. However, audio-only consultation (e.g. by telephone) will not suffice as having seen the deceased.

25. In any care setting, a period of care where **attendance** took place during the 28 days prior to death will usually be enough. However, in exceptional circumstances it may be acceptable that the patient was last seen over a longer period, such as where the death was registered on the basis of a medical certificate cause of death supported by a Coroner’s form 100A.

26. If you did not attend the deceased for any period of time prior to their death you should answer 'N/A' to question 6.

Question 7: “The number of days and hours before the deceased’s death that you saw them alive”

If you did not see the deceased at any time prior to their death you should answer 'N/A' to Question 7. If another medical practitioner saw the deceased prior to death, details of this attendance should be reported at Question 9.

If your last attendance of the deceased was by a digital consultation state how many days and hours before the deceased’s death that consultation took place and write 'by video' to the right of the 'hours' box. Audio-only consultations (e.g. by telephone) are not acceptable for the purposes of Question 7.

Question 8: “Please state the date and time that you saw the body of the deceased and the examination that you made of the body”

If you saw the body of the deceased please complete Question 8 with the date and time you saw the body of the deceased and a record of the examination you made. This cannot be via digital means (video/visual).

If you (or any other medical practitioner known to you) have carried out a non-coronial hospital post-mortem examination, (commonly referred to as a “consent post-mortem examination”) this should be indicated here with the findings and cause of death being given in response to Question 11. You should also answer 'Yes' to Questions 10 where the post-mortem was made or supervised by a registered medical practitioner of at least five years standing.

If the body of the deceased was not seen by you, or was seen by another medical practitioner known to you, you should answer Question 8 'N/A' and report the observations of such other medical practitioner at Question 9 noting their full name and General Medical Council number.

Question 9: Symptoms and other conditions

27. You should complete this box with your observations of the deceased's symptoms in the period leading up to their death. If the deceased died in hospital it would be helpful if you added the date of admission as this will assist the medical referee when they scrutinise the forms.

Where you did not attend the deceased or see the deceased after death you should provide the full name and General Medical Council number of the medical practitioner(s) who did.

You should also provide your assessment of the medical notes with particular regard to the deceased's symptoms in the period leading up to their death.

You should report any discussion or other exchange related to the death of the deceased that you have had with the medical practitioner who saw the deceased prior to death or saw the body.

Question 10: Hospital post-mortem examination

If a non-coronial hospital post-mortem examination, (commonly referred to as a "consent post-mortem examination"), has been carried out you should indicate this here and state that you are aware of the findings, before giving the cause of death at Question 11.

Question 11: Cause of death

28. The cause of death should normally be that set out on the medical certificate of the cause of death sent to the Registrar of Deaths. You should provide sufficient detail to enable the Medical Referee to understand the cause of death. Your answer should indicate when this has been informed by other sources, e.g. patient history, operative procedures or medical or lay witnesses.

Questions 12 and 13: Operations

29. You should notify the coroner of any operation which may have shortened the life of the deceased.

Questions 14, 15 and 16: Those nursing the deceased or present at death

30. The medical referee must be able to contact the people you name in your form. Therefore, you must give full names and contact details, including an email address where it is known.

Questions 20 and 21: Referral to coroner/coroner's office

You must ensure that you notify a coroner of any suspicious circumstances that come to your attention. You must also inform the coroner if you suspect the death was unnatural, violent, sudden with unknown cause, or otherwise as required under the Notification of Deaths Regulations 2019. For further guidance see Notification of Deaths Regulations 2019 – see <https://www.gov.uk/government/publications/notification-of-deaths-regulations-2019-guidance>. In cases where you or any other medical practitioner have consulted a coroner, but the coroner does not consider that his or her involvement is necessary, you should ensure that this is clearly recorded in the form Cremation 4.

Question 23: Implants

31. Some implants cause a serious health and safety risk at the crematorium and must be removed. A list of implants that may cause problems during cremation is at [Annex A](#).

Form Cremation 5 – Confirmatory Medical Certificate

This section has been removed because the key change during this period is that there is no requirement Form Cremation 5.

Forms completed in Welsh

32. The Welsh Language (Wales) Measure 2011 gives the Welsh language official status in Wales, makes provision for the creation of standards of conduct in relation to the use of Welsh and places duties on certain bodies to comply with those standards.
33. The Cremation (England and Wales) (Amendment) Regulations 2017 makes provision for cremation forms to be issued in the Welsh language.

Other matters

Cause of death – “old age”

34. The General Register Office advises that in certain circumstances and if the deceased is older than 80 years at death “old age” may be an acceptable cause of death for medical certificates. “Old age” alone, however, is unlikely to be an acceptable cause of death for cremation purposes, as the medical referee must be satisfied that the cause of death has been definitely ascertained. “Old age” is commonly given as a cause of death where the deceased has been suffering from a number of conditions leading to death but it has not been possible to decide which particular condition led to the death. Please note that we cannot offer substantive guidance on any clinical matters as these are ultimately decisions for you to make. However, you should bear in mind that medical referees need to be satisfied that “old age” is an appropriate cause of death in all the circumstances. It cannot be used where the cause of death is properly “unascertained” and these cases should be referred to a coroner in any event.

Deaths abroad

35. Where someone dies abroad and the body is repatriated to England or Wales for cremation, it is unlikely that you will be in a position to complete form Cremation 4. An application for cremation may be made if a coroner certifies that no post-mortem examination or inquest is necessary and gives form Cremation 6. Enquiries about such cases should be directed to the coroner in whose district the body is lying.

The cremation of body parts

36. The cremation of body parts removed following a post-mortem examination will normally require involvement by pathologists only.

Unidentified remains

37. It is highly unlikely that applications for the cremation of unidentified remains will arise without the involvement of a coroner.

Non-viable foetal remains

38. Foetal remains under 24 weeks of age are not subject to the provisions of the Cremation Act or Regulations, although most crematoria will be prepared to cremate such remains at their discretion. Clearly form Cremation 4 should not be completed.

Further Information

39. This guidance is not intended to be exhaustive and there will be unique instances that arise where you may require assistance. If you do require any guidance or information that is not covered in this document please contact the Coroners, Burial, Cremation and Inquiries Policy team at the Ministry of Justice at coroners@justice.gov.uk

Annex A – Battery powered and other implants that could cause problems during the cremation of human remains

Pacemakers

Implantable Cardioverter Defibrillators (ICDs)

Cardiac resynchronization therapy devices (CRTDs) Implantable loop recorders

Ventricular assist devices (VADs): Left ventricular assist devices (LVADs), Right ventricular assist devices (RVADs), or Biventricular assist devices BiVADs)

Implantable drug pumps including intrathecal pumps

Neurostimulators (including for pain & Functional Electrical Stimulation) Bone growth stimulators

Hydrocephalus programmable shunts

Fixion nails

Any other battery powered or pressurised implant

Radioactive implants

Radiopharmaceutical treatment (via injection)



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