



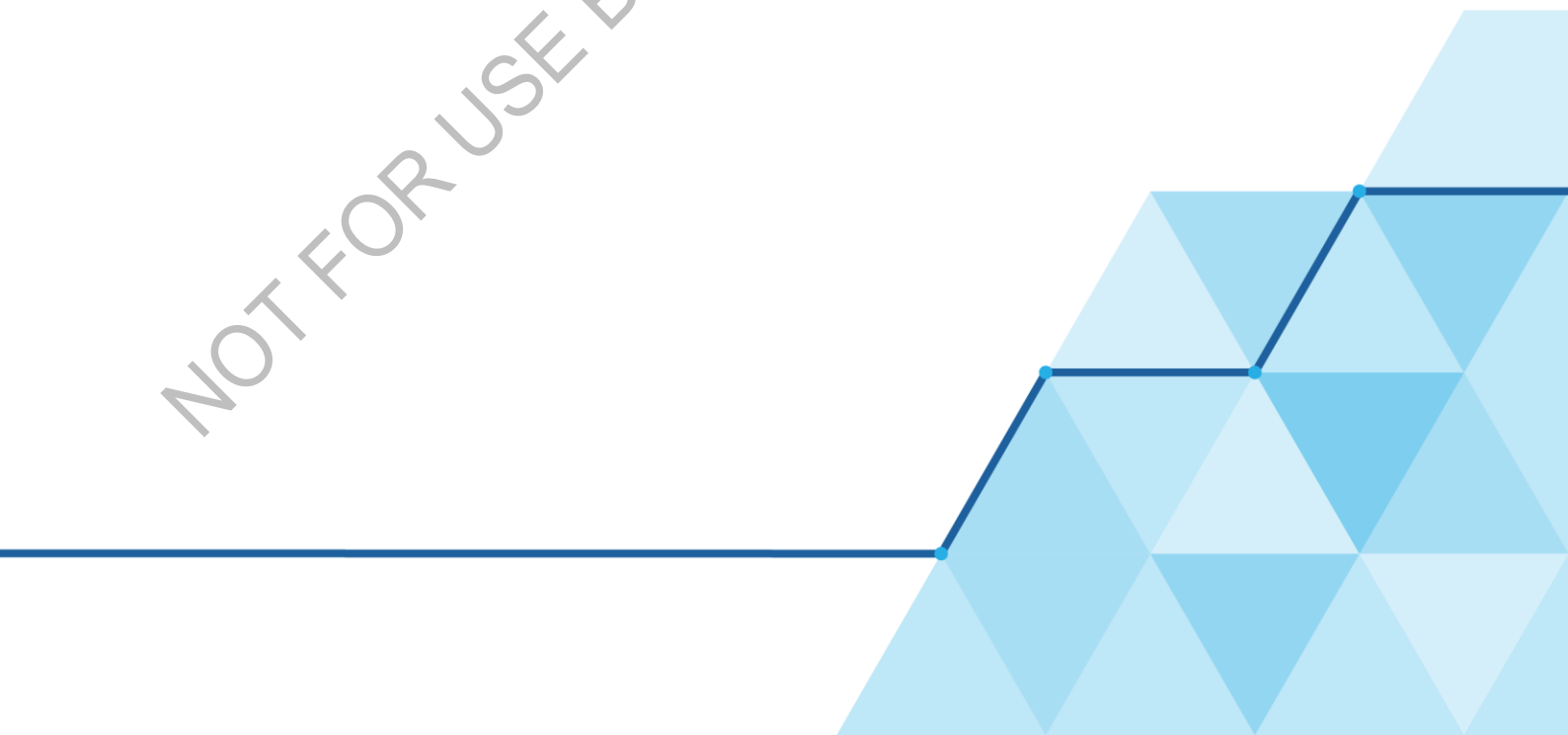
Ministry
of Justice

The Cremation (England and Wales) Regulations 2008

Guidance for Funeral Directors

September 2024

NOT FOR USE BEFORE 9 SEPTEMBER 2024



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Introduction

1. This guidance is for **Funeral Directors** and sets out **how they should carry out their duties under the Cremation (England and Wales) 2008 Regulations**.
2. References to 'the 2008 regulations' in this documents relate to the Cremation (England and Wales) Regulations 2008 as amended by the Cremation, Coroners and Notification of Deaths (England and Wales) (Amendment) Regulations 2024 which are available at this link; [The Cremation \(England and Wales\) Regulations 2008 \(legislation.gov.uk\)](https://www.legislation.gov.uk).
3. This guidance has been updated in the light of the new statutory death certification process and attendant changes which came into effect on 9 September 2024.

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Death Certification Reform and the Medical Examiner System

Death Certification Reform: a summary of the changes

4. The new statutory death certification process came into effect on 9 September 2024. Under this system, all deaths in England and Wales are independently scrutinised, either by a relevant coroner¹ or by a Medical Examiner (ME). An ME is a senior medical doctor who provides independent scrutiny of all non-coronial deaths.
5. **One of the key changes relates to the eligibility for completing the Medical Certificate of Cause of Death (MCCD).** Under the new system, in cases **not** involving a relevant coroner, stillbirths, body parts or anatomical research, **a registered medical practitioner will be eligible to be an attending practitioner and complete an MCCD, if they have attended the deceased in their lifetime.** The attending practitioner will propose a cause of death, where they have been able to establish it to the best of their knowledge and belief. This change represents a simplification of the previous attendance criteria. This is reflected in the Medical Certificate of Cause of Death Regulations 2024 and a minor amendment has also been made to the Notification of Deaths Regulations 2019 to reflect this.
6. **Another change relates to information about implantable medical devices.** The existence of implantable **medical devices** is now recorded on the MCCD by the attending practitioner. This information will be transferred on to a form accompanying the Certificate for Burial or Cremation, also known as ‘the green form’, which is generated by the registrar, so it can be shared and passed onto the burial authority or crematorium – who will consistently be informed of the presence of any implantable devices in deceased person.
7. **Another key change relates to the role of the ME:** An ME is a senior medical practitioner who **provides independent scrutiny of the cause of death proposed by the registered attending practitioner.** MEs are supported by Medical Examiner Officers (MEOs), and their independent scrutiny includes a review of medical records, an interaction with the attending practitioner and offering representatives of the deceased person the opportunity to ask questions and raise any concerns.

¹ Statutory provisions typically refer to ‘senior coroner’. However there is also statutory provision for area and assistant coroners to exercise the powers and undertake the duties of a senior coroner. Therefore, for ease of reference, the generic term ‘coroner’ is used throughout this guidance.

Changes to documentation:

8. Many of the existing regulations governing cremations are unaffected by the recent death certification reform. However, it is important to note that:
- The requirement for a **medical certificate (form Cremation 4)** has been permanently removed for cases in England and Wales, and a **confirmatory medical certificate (form Cremation 5)** has been permanently removed.
 - **The right of the applicant to inspect the medical certificate (form Cremation 4) before the Medical Referee (MR) authorises the cremation has been removed as this form will no longer exist.** However, as explained at paragraph 7 above, MEs will offer representatives of the deceased person the opportunity to ask questions and raise concerns about the cause of death at an earlier stage.
 - **Form Cremation 1 has been amended** – see paragraph 36 below.
 - **Fields on the presence of implantable medical devices have been added to form Cremation 6** – see paragraph 64 below.
 - **For deaths in the rest of the British Isles (excluding England and Wales) the 2008 Regulations as they stood prior to the 2024 amendments will continue to apply, and the forms issued in 2018 are to be used. A version of the 2008 Regulations without the 2024 amendments are available at this link:**
<https://www.gov.uk/government/collections/cremation-forms-and-guidance>.

The new process for deaths in England and Wales

9. A registered medical practitioner will propose a cause of death which will be independently scrutinised by an ME after reviewing relevant medical records.
10. The ME will offer the bereaved an opportunity to ask questions and raise concerns.
11. Once the registered medical practitioner and the ME have made their declarations and the cause of death is finalised, and if there is no requirement to notify the relevant coroner, the MCCD is sent to the registrar's office; this notification will also start the 5-day target to register the death. It will not be possible for a death to be registered in non-coronial cases without the ME approving the MCCD.
12. The registration informant, who is the person who provides the information regarding the deceased person, other than the cause of death, to the registrar, is simultaneously notified so that they can contact the register office in order to register the death.
13. The informant contacts the register office and the arrangements are made to register the death.
14. Where requested, the registrar produces one or more certified copies of the death entry in the register also known as a Death Certificate for the representative of the deceased person to purchase.

15. The registrar issues a Certificate for Burial or Cremation (the 'green form') to facilitate the funeral arrangements – as part of this process they will also pass on medical information provided by the registered medical practitioner in relation to implants, but they have no role in making any decisions relating to this data.²
16. **Note on the role of MRs in the new system:** There is a statutory obligation in regulation 6 of the Cremation (England and Wales) Regulations 2008 which means that at present, all cremation authorities must have an MR and as many Deputy MRs as the Secretary of State thinks appropriate. The government has committed to ensuring to a transitional period while MEs are introduced. During this time, there will be both MEs and MRs. We will provide adequate notice for any changes to ensure that everyone in the system is prepared for the new processes. We will be making an announcement in due course about what changes will be required and we will update this guidance as appropriate.

The role of the funeral director

17. As a funeral director, **you should ensure that all forms necessary** for the cremation of a deceased person **are completed accurately and as quickly as possible by the applicant.**³
18. **You should ensure that applicants are aware of this guidance as well as the guidance for applicants**, when it applies, and how they can access it. All relevant guidance can be found at <https://www.gov.uk/government/collections/cremation-forms-and-guidance>.
19. **Funeral directors must not complete and/or sign the application form on behalf of the applicant.** The application form must be completed and signed by the applicant, supported by the funeral director.
20. **Funeral directors must inform the applicant about the consequences of making a false declaration.**
21. When communicating with bereaved people, we strongly suggest that funeral directors are considerate of sensitivities around language, and avoid use of terms such as 'disposal' as this may cause confusion and/or distress.
22. Importantly, **you should keep in contact with all the parties concerned in the process.**

² Any queries about the information on the form should be raised with either the registered medical practitioner or ME.

³ The applicant for cremation should usually be a near relative or an executor.

Relevant legislation: The Cremation (England and Wales) Regulations 2008

23. The forms that must be completed in order that a cremation may take place can be found in the Cremation (England and Wales) Regulations 2008 (the 2008 Regulations).⁴ These forms can be downloaded from our website: www.gov.uk/government/collections/cremation-forms-and-guidance.
24. **After 9 September April 2024, applications for cremation must be made using the forms introduced through the Cremation (England and Wales) (Amendment) Regulations 2017 and the Cremation (England and Wales) (Amendment) Regulations 2024.** These forms can be downloaded from our website at www.gov.uk/government/collections/cremation-forms-and-guidance.
25. **Welsh Language documents:** The Welsh Language (Wales) Measure 2011 gives the Welsh language official status in Wales and 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. The Cremation (England and Wales) (Amendment) Regulations 2017 makes provision for cremation forms to be issued bilingually. These forms can be downloaded from our website at <https://www.gov.uk/government/collections/ffurflenni-a-chanllawiau-amlosgi.cy>.
26. Information on how to assist applicants with each of these forms is set out below.

⁴ The 2008 Regulations came into effect on 1 January 2009 and modernised and consolidated all previous regulations, replacing the Cremation Regulations 1930 (as amended). The 2008 Regulations were amended in 2016, 2017, 2022 and again in 2024.

If the applicant has serious concerns about the cause of death

27. Although there will be opportunities for the applicant to raise concerns about the cause of death prior to submitting form Cremation 1, the applicant may wish to raise matters of concern with a relevant coroner. In these circumstances the cremation cannot take place until the issue is resolved; written confirmation from the applicant that says that they are satisfied that the matter has been resolved or a communication from the relevant coroner's office should be sufficient evidence. You will need to be in close liaison with the crematorium and the relevant coroner's office until the situation is resolved.

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The statutory forms

28. In order for a cremation to take place, relevant forms must be completed:⁵

- For the cremation of a deceased person or following anatomical examination, form Cremation 1;
- For the cremation of body parts where the deceased person has already been either buried or cremated, form Cremation 2.
- For the cremation of a stillborn baby, form Cremation 3;

29. Your role, as funeral director, is to help ensure that the correct forms are completed with the correct information.

30. **It is important that the wording on the forms is not altered.** MRs are instructed to reject any forms which do not follow the statutory wording or where there have been significant alterations to the format of the forms, digitally or otherwise. These forms can be downloaded from our website: www.gov.uk/government/collections/cremation-forms-and-guidance.

31. There are 11 statutory forms set out in the Regulations, 6 of which may be relevant to funeral directors. These are explained on the following pages.

Passing on the forms

32. Forms can be transmitted electronically or as paper documents. Where a form requires a signature and this is received electronically, the signature must conform to the requirements in section 7(2) of the Electronic Communications Act 2000.

33. Electronic transmission of a signed paper form that has been received as an email attachment of a scan or photograph is acceptable. There is no requirement for the signed paper form to be received by the crematorium where the electronic transmission of that form has been accepted.

⁵ The applicant for cremation will usually be a near relative or an executor and reasons should be given on the form explaining why any person making the application is not the near relative or an executor.

34. Where a hand-written signature has not been applied to the space in the form reserved for the signature, the name of the signer should be typed in. Examples of what may constitute an electronic signature include:

- Transmission from an email account belonging to the signer; or
- A scanned copy of the signer's signature applied to the signature section of the form; or
- The signature of the signer applied directly to the form through a touchscreen; or
- Use of an electronic signature verification service.

35. **It is a criminal offence under the Cremation Act 1902 to wilfully make a false statement in order to procure a cremation.** Any concerns about false statements should be reported to the police to investigate as these are criminal matters. Neither the MR nor the Ministry of Justice can investigate criminal matters.

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Form Cremation 1 – Application for cremation of the body of a person who has died

36. This form must be completed and signed by the applicant, supported by the funeral director, where used, in all cases where the deceased person is to be cremated.

Funeral service providers must not complete or sign the form on behalf of the applicant.

37. The revised form Cremation 1 published in 2024 replaces the version issued in 2018. It has been updated to take account of the death certification reforms.

38. The key changes to the form:

- A space to input the email addresses of the funeral director, where used, and the registered medical practitioner, where known, who attended the deceased person;
- a data protection statement;
- a statement confirming that all relevant documentation has been provided;
- an amended question on the presence of implantable medical devices; and
- a new section covering the disposal of any metals.

39. The applicant for a cremation should normally be a near relative or an executor.

Reasons should be provided to explain why any person making the application is not a near relative or an executor.

40. **All the questions on this form must be answered and all parts of the form must be completed before it is passed on to the crematorium.** You should assist applicants in providing any information that is required.

41. **You should ensure that form Cremation 1 is sent to the crematorium as soon as possible** before the date of the funeral to ensure that the funeral is not delayed.

Part 1: Details of the crematorium

42. The applicant is asked to confirm by ticking a box on the form that all relevant documentation has been provided to the crematorium. You may wish to assist the applicant by checking the table below for the relevant documentation. The 'green form' may have gone direct to the crematorium, so you should check with the applicant.

43. Form Cremation 1 should be accompanied by the following forms:

Type of case	Forms
In non-coronial cases	The Certificate for Burial or Cremation ('the green form').
In coronial cases	A form Cremation 6. (Please note: the green form <u>is not necessary</u> in cases involving the relevant coroner.)
In cremations following anatomical examination	A form Cremation 7 <u>and</u> the green form.

44. For a death which occurred in Scotland, a form Cremation 1 or equivalent should be accompanied by:

- **Either** Form 14 – Certificate of Registration of Death **or** Form E1 (issued if a procurator fiscal has been involved and has released the remains for cremation); **and**
- a Certificate of No Liability to Register should also be obtained from the registrar in England or Wales, in whose area it is intended to cremate the body, and inform the relevant coroner for the area where the cremation will take place.

45. For a death which occurred in Northern Ireland, a form Cremation 1 or equivalent should be accompanied by:

- **Either** Northern Ireland Crematorium Form B (The Medical Certificate) **and** Form C (which verifies the information in Form B) – these forms must be completed by a doctor in Northern Ireland – **or** a Form 20a (relevant Coroner's Authority for Cremation); **and**
- Certificate of Registration of Death (Green Form equivalent) and Form 18 (relevant Coroner's Certificate for Removal of a Body out of Northern Ireland) must be provided by the relevant coroner; **and**
- The Northern Ireland Council Form, providing information on whether a hazardous implant is present and whether it has been removed. This must be completed by the doctor who completes Form B or by the relevant coroner.

46. For deaths abroad, please look at the guidance available at

<https://www.gov.uk/government/collections/death-abroad-bereavement-packs>

Part 3: Details of the person who died

47. **Question 3** asks about any implantable medical devices that may become hazardous during cremation, for example a pacemaker, radioactive device or "Fexion" intramedullary nailing system. Some implantable medical devices can cause damage to machinery or present a risk to human life. It is therefore essential to ensure that any information about implantable medical devices and their removal is included on form Cremation 1 by the applicant prior to the form being sent to the crematorium. After discussion with the applicant, you may also be able to provide information or confirm in writing that the implantable medical device has been removed, to the crematorium.

When collecting the deceased person from the hospital mortuary, they will be given hospital release papers. When reviewing the papers if the funeral director discovers the presence of an implantable medical device and whether it has been removed or not, they must notify this in writing to the crematorium; there may be a delay to proceedings if the crematorium is not notified. A list of implantable medical devices that may cause problems during cremation is provided at [Annex A](#), though please note that this list is not exhaustive. This information is required because the MR, who sees this form after its completion, will need to check and compare the information provided with the information provided on the green form, issued by the registrar, or on the form Cremation 6.

Part 4: Disposal of ashes

48. Part 4 of the form deals with applicants' wishes relating to the ashes of the deceased person following the cremation. We have advised cremation authorities that funeral directors should have a detailed understanding of the services provided by the crematorium. **You should ensure that the applicant has contact details for the crematorium and that you have copies of any information produced by the crematorium to present to and discuss with families.**
49. Crematoria are not obliged to accept an application that contains instructions they are unable to fulfil. Funeral Directors should therefore help applicants to provide deliverable instructions for what should happen to the ashes. If in doubt, you or the applicant should discuss the instructions with the crematorium before submitting the application. If a crematorium is unable to accept an application because it cannot fulfil the instructions for what should happen to the ashes, amended instructions can be provided separately and in writing without the need to submit a new application.
50. We recognise that, when arranging a cremation, the applicant may not yet be able to decide what they want to happen to the ashes. An application for a cremation need not be delayed while the applicant decides what should happen to the ashes; in these circumstances the applicant should choose Option 3 'Ashes to be held awaiting your decision'. **The applicant should provide a period or date by which the crematorium will be contacted to provide further instructions.** It is important that the applicant is made aware that a decision as to what happens to the ashes is required and that the crematorium will not store ashes indefinitely; some may charge for storage. It is also important to advise the applicant that if they wish for the ashes to be interred into a grave/plot, they will need authorisation from the current deed holder for the grave/plot. If the deed holder is deceased person, the cremation authority will advise about transferring the rights to a new deed holder, whose permission may then be sought.

Disposal of metals

51. During life, some individuals require an operation to replace a joint or have a metal insert to assist with the repair of a bone. Once a person has been cremated, these metals, together with metals from the construction of the coffin, will remain in the ashes.
52. At the bottom of Part 4 of form Cremation 1 is a new section which asks whether the applicant would they like any metal remains to be returned following the cremation. If the applicant has the authority, they should tick the box if they wish for this metal to be returned. To ascertain if you do have the right to request the return of any metals please refer to Annex A in the Guidance for Cremation authorities and crematorium managers guidance, which can be found here: [Crematorium managers: guidance on cremation regulations and forms - GOV.UK \(www.gov.uk\)](http://www.gov.uk). Otherwise, metals may be recycled by the crematorium. Each crematorium will have their own practices and will be able to advise on this process.
53. **You should ensure that the applicant is aware of the need to make a decision, where relevant, about whether they would like any metal returned.**

Part 5: Recovery of ashes

54. You should make sure that the applicant is aware that there is a risk that no ashes will be recovered following the cremation. These situations are rare and, when they do occur, they usually relate to the cremation of very small or stillborn babies or the cremation of certain body parts. All applicants are asked to confirm that they understand this risk. If in doubt, you should speak to the crematorium about actions they can take to ensure maximum amount of ashes are recovered.

Part 6: Statement of truth

55. This form is to be completed and signed **only by the applicant** for cremation. Applicants must be made aware that it is an offence to wilfully make a false statement to procure the cremation of human remains.

Form Cremation 3 – Application for cremation of a stillborn baby

56. The form Cremation 3 published in 2018 replaced the version of the form issued in 2009.
57. This form must be **completed and signed by the applicant**, usually either one of the parents of a stillborn baby, supported by the funeral service provider, in cases where a stillborn baby will be cremated. If requested by the parents, form Cremation 3 may be completed by the bereavement officer at the hospital.
58. A stillbirth is defined as a baby born not alive after 24 completed weeks of pregnancy, if less than 24 week the 2008 regulations do not apply however the crematorium may nevertheless facilitate the cremation.
59. **You should ensure that this form is either accompanied by form Cremation 9 (certificate of stillbirth) or by a declaration given by a person who can give information concerning the stillborn baby (see regulation 20(2)).** Where the stillbirth took place outside England and Wales, a form broadly equivalent to form Cremation 9 can be given if it contains all the relevant information required by form Cremation 9.
60. The considerations set out in paragraphs 48 to 50 and paragraph 54 above referencing the applicant's wishes to the ashes of the deceased person after cremation and the recovery of ashes apply to form Cremation 3.

Form Cremation 6 – Certificate of coroner

61. The form Cremation 6 published in September 2024 replaces the version of the form issued in 2022.
62. This form is completed by the relevant coroner where a death has been reported to them and they have commenced an investigation under section 1 of the Coroners and Justice Act 2009. The form has been slightly amended to take account of changes to the underlying legislation, made as part of the wider death certification reforms which are being implemented alongside the statutory Medical Examiner scheme, to more accurately reflect the statutory role of the coroner. This form will no longer be issued by the coroner if, following a report of a death, they decide that their duty to investigate is not engaged (even where a post-mortem examination is conducted as part of those preliminary inquiries). Authorisation for cremation in that scenario will follow the usual route for a non-coronial death. **If you are given this form, you must pass it onto the crematorium.**
63. Please note that:
- There is a space at question 1 of Part 1 for the cause of death to be recorded. This should not be left blank (even if the cause is unascertained); and
 - the form should be signed and dated by the relevant coroner.
64. If the relevant coroner has information on medical implantable medical devices present in the body as a result of examining medical notes or following a post-mortem, they will provide this on the form.
65. Any incomplete forms should be returned to the relevant coroner's office for completion.

Form Cremation 9 – Certificate of stillbirth

66. The form Cremation 9 published in 2018 replaced the version of the form issued in 2009.
67. This form must be completed and signed by a registered midwife or by a registered medical practitioner in all cases where a stillborn baby is to be cremated. A definition is available at this link: [Stillbirth – NHS \(www.nhs.uk\)](https://www.nhs.uk). **If you are given this form, you must pass it on to the crematorium.**
68. This form accompanies the 'Application for the cremation of a stillborn baby' (form Cremation 3) and the appropriate registration document.
69. If the MR is satisfied that cremation can take place, they will authorise it with form Cremation 13.

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Form Cremation 11 – Certificate after post-mortem examination

70. The form Cremation 11 published in 2018 replaced the version of the form issued in 2009.
71. Under the new system we are removing the provision which allows MRs to request a post-mortem in all cases in England and Wales. **The only cases where MRs retain the power to request a post-mortem is where a death occurred in Scotland, Northern Ireland, the Isle of Man and the Channel Islands), but where the applicant wishes for the cremation to take place in England and Wales.** In this instance, this form should be used by the person performing the post-mortem under section 24 of the 2008 Regulations.
72. In the cases described above in paragraph 71, if the MR believes that the fact and cause of death have not be definitely ascertained then they may refuse the cremation. However, if the family still wish to have the body cremated then they would need to decide whether they would be prepared to pay for a post-mortem examination (if they are able) or ask the cremation authority whether they would be prepared to pay.
73. Cremation authorities need to decide who should pay for any post-mortem examination ordered by the MR under Regulation 24 of the 2008 Regulations. They will also need to ensure all the relevant provisions of the Human Tissue Act 2004 are met. These include any necessary consent for the post-mortem examination to take place from the most appropriate person (see HTA Post Mortem code of practice for guidance on who can give consent here <https://www.hta.gov.uk/>) which may be the applicant or other family member, that the post-mortem examination is made by a pathologist under the authority of a license issued for that purpose by the Human Tissue Authority, and that the place where the post-mortem examination is to take place is also duly licensed. **Your role, as funeral director, may be to assist in obtaining the necessary consent.**

Further Information

74. This guidance is not exhaustive and there will be unique instances that arise where you require further assistance. If you have any further queries or need further information that is not covered by this document please contact the Funeral Sector, Burials and Cremation Policy team at the Ministry of Justice at FuneralSectorBurialsandCremation@justice.gov.uk.

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Annex A – Implantable medical devices that may cause problems during the cremation of human remains

Implants that could cause issues during a cremation include, but are not limited, to:

- 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;
- Intramedullary Fixion nails;
- Any other battery powered or pressurised implant;
- Radioactive implants used to treat tumours, such as metal wires, seeds or tubes; and
- Radiopharmaceutical treatment (via injection).

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