



1. Deceased details

FORM B

I am informed that application is about to be made for the cremation of the body of:

1a. Full name of the deceased

First name(s)	Surname

1b. Last address

1c. Occupation

1d. Age

1e. Gender

2. Declaration of medical practitioner

As a medical practitioner who is required or permitted by section 46B or 46C(1) of the Burial and Cremation Act 1964 to give a doctor's certificate (as defined in section 2(1) of that Act) for the death, and who has seen and identified the body after death, I give the following answers to the questions set out below:

2a. On what date and at what hour did he/she die?

Date	Hour	

2b. Where did the deceased die? (Please give an address, and say whether own residence, lodgings, hotel, hospital, nursing home, etc.)

2c. Are you a relative of the deceased? Yes No
 If so, state the relationship

2d. Have you, so far as you are aware, any pecuniary interest in the death of the deceased? Yes No

2e. Were you the ordinary medical attendant of the deceased? Yes No
 If so, for how long? (Please state how many weeks, months or years)

2f. Did you attend the deceased during his/her last illness? Yes No
 If so, for how long? (Please state how many hours, days, weeks or months.)

2g. If you attended the deceased during his or her last illness, when did you last see the deceased alive? (Please state how many hours or days before death.)

2h. (i) How soon after death did you see the body?
 (ii) What steps did you take to satisfy yourself as to the fact of death?
 (iii) How did you establish the identity of the deceased person?

2i. What were the causes of death? Please state the period elapsing between onset of each condition and death (years, months or days).
 (i) Immediate cause - the disease, injury or complication which caused death?

Please turn over

Full name of the deceased

First name(s)

Surname

2. Declaration of medical practitioner - continued

(ii) Morbid conditions (if any) giving rise to the immediate cause (place the conditions in chronological order beginning with the most recent)?

(iii) Other conditions (if any) contributing to death - pregnancy, parturition, over-exertion, dangerous occupation?

(iv) Please state how far your answers as to the causes of death and the duration of such causes are founded on your own observations or on statements by others. If on statements made by others, give their names and their relationship to the deceased.

2j. (i) What was the mode of death? (Please state whether syncope, coma, exhaustion, convulsions, etc.)

(ii) What was the duration? (Please state number of days, hours or minutes, and state how far your answer as to the mode of death is founded on your own observations or on statements made by others. If on statements made by others, give their names and their relationship to the deceased.)

2k. Did the deceased undergo any operation during the final illness or within a year before death? If so, what was its nature and who performed it?

2l. By whom was the deceased nursed during his/her last illness? (If the death occurred in a hospital, this question may be answered by referring generally to the nursing staff in a specified ward, but otherwise give names and say whether professional nurse, relative etc. If the illness was a long one, this question should be answered with reference to the period of four weeks before death.)

2m. By what medical attendants (besides yourself, if applicable) was the deceased attended during his/her last illness?

2n. In view of the knowledge of the deceased's habits and constitution, do you feel any doubt whatever as to the character of the disease or the cause of death? Yes No

2o. Do you know, or have any reason to suspect, that the death of the deceased was due, directly or indirectly to:

Violence? Yes No Privation or neglect? Yes No

Poison? Yes No Illegal operation? Yes No

2p. Have you any reason to suppose a further examination of the body to be desirable? Yes No

2q. Have you given the doctor's certificate as defined in section 2(1) of the Burial and Cremation Act 1964 for the death? Yes No

I hereby certify that the answers given above are true and accurate to the best of my knowledge and belief and that there is no circumstance known to me which can give rise to any suspicion that the death was due wholly or in part to any other cause than disease (or accident) or which makes it desirable that the body should not be cremated.

Signature

Date

First name(s)

Surname

Address

Registered qualifications

Note: this certificate must be handed, or sent in a closed envelope by the medical practitioner who signs it to a Medical Referee.