

## THE CREMATION ACT

REGULATIONS  
(under section 8)

## THE CREMATION REGULATIONS, 1960

*(Made by the Governor in Council on the 7th day of July, 1960)*

L.N. 143/60

1. These Regulations may be cited as the Cremation Regulations, 1960.

Short title.

2. In these Regulations—

“authorized officer” means the Coroner or an officer of the Constabulary of the parish in which the deceased whose remains it is proposed to cremate died;

Interpretation.

“cremation authority” means any person by whom a crematorium has been established.

3. Every crematorium established in the Island under the Act shall be—

Maintenance and inspection.

- (a) maintained in good working order;
- (b) provided with a sufficient number of suitable attendants who shall be approved by the Minister prior to their appointment;
- (c) kept constantly in a clean and orderly condition; and
- (d) open to inspection at any reasonable time by any person appointed for such purpose by the Minister.

4.—(1) A cremation authority shall give to the Minister one month's notice in writing of its intention to open or close any crematorium established by it or over which it has control.

Notice required of intention to open or close crematorium.

(2) A cremation authority shall before closing any crematorium under its control give at least one month's notice of such intention to the public. Such notice shall be prominently displayed for at least one month prior to the proposed closing date at the main entrance of the crematorium and shall also be published at least six times during the said period in a daily newspaper circulating in the parish in which such crematorium is situated.

Application for permit to authorized officer.

5. Any person desiring to have any human remains cremated under the provisions of the Act shall make application for such purpose in accordance with these Regulations to the authorized officer.

Form and particulars of application. Form A.

6.—(1) The application shall be made, and the particulars stated therein shall be confirmed by statutory declaration, in accordance with Form A in the Schedule.

(2) The application including the statutory declaration shall be made and signed by the nearest surviving relative of the deceased or by some other person who shows good reason to the satisfaction of the authorized officer why it is not in fact being made by such relative of the deceased.

Authorized officer to grant, delay or refuse application.

7.—(1) On receipt of an application and on being satisfied that it is in order and that all other requirements for cremation of human remains prescribed by the Act and these Regulations have been complied with, the authorized officer shall consider such application and may in his absolute discretion either grant the same, or delay or refuse permission to cremate the remains of the deceased.

Form B.

(2) An order by an authorized officer for the cremation of human remains shall be in accordance with Form B in the Schedule.

When unlawful to cremate.

8. It shall not be lawful to cremate any human remains—

- (a) of any person who is known to have left a written declaration to the contrary;
- (b) which have not been properly identified;
- (c) unless a written authority so to do has first been obtained from an authorized officer under regulation 7 and all other requirements of the Act and of these Regulations have been fully complied with.

Power of authorized officer to require medical certificates. Form C.

9. An authorized officer may for the purpose of deciding whether an order for cremation ought to be granted required—

- (a) a certificate in accordance with Form C in the Schedule to be given by a medical practitioner who has attended to the deceased during his last illness and who can certify definitely as to the cause of death, and a confirmatory medical certificate in accordance with Form D in the Schedule to be given by a Government medical officer who shall not be a relative of the deceased or a relative or partner of the medical practitioner who has given the said certificate in Form C; or
- (b) a post-mortem examination to be made by a Government medical officer designated by the authorized officer and a

Form D.

certificate to be given by the Government medical officer in accordance with Form E in the Schedule.

Form E.

10.—(1) After the cremation of any human remains the ashes shall be given into the charge of the person who applied for the said cremation upon request made at the time of such application or within two weeks thereafter; in the absence of such request or of any special arrangement with the person who applied for the cremation the ashes shall be retained by the cremation authority, and shall either—

Disposal of ashes.

- (a) be decently interred in a burial ground or in the land adjoining the crematorium reserved for the burial or ashes; or
- (b) be scattered thereon.

(2) Where ashes are left temporarily in the charge of the cremation authority and not removed within a reasonable time, a fortnight's notice shall be given by the cremation authority to the person who applied for the cremation before the remains are interred or scattered or thrown into the sea.

(3) In this regulation "scatter" means to strew over a limited surface suitably enclosed and reserved specifically for that purpose and thereafter to cover lightly with earth.

11. Any human remains burnt in any crematorium shall be reduced entirely to ashes which shall then be salvaged and dealt with in the manner prescribed by regulation 10 and not otherwise.

Human remains to be all reduced to ashes.

12. Nothing herein contained shall prevent the ashes of any human remains cremated in accordance with the provisions of the Act or of these Regulations from being exported from the Island.

Ashes may be exported.

13. Nothing herein contained shall be deemed to authorize the burning of human remains or to authorize the disposal of the ashes of human remains so as to contravene the provisions of the Public Health Law.

Regulations not to affect provisions of Public Health Law. Cap. 320 1953 Edn.

14.—(1) Every cremation authority shall keep a register of all cremations carried out by it in accordance with Form F in the Schedule.

Registration of burning of human remains. Form F.

(2) Entries shall be made relating to each cremation immediately after the cremation has taken place, except the entry in the last column which shall be made as soon as the ashes of the deceased have been handed to the person who applied for the said cremation or have been otherwise disposed of in accordance with regulation 10.

15.—(1) All applications, certificates, statutory declarations and other documents relating to any cremation shall be marked with a number

Applications, certificates and documents to be retained by cremation authority.

corresponding to the number in the register and shall be filed in order, and shall be carefully preserved by the cremation authority:

Provided that the cremation authority may, if it thinks fit, destroy any such applications, certificates, statutory declarations or other documents (but not the register of cremations or any part thereof) after the expiration of fifteen years from the date of the cremation to which they relate.

Inspection of documents.

(2) All such registers and documents shall be open to inspection at any reasonable hour by any person appointed for that purpose by the Minister or by the Commissioner or Deputy Commissioner of Police.

Disposal of documents where crematorium has been closed.

**16.** When any crematorium is closed as provided in regulation 4 the cremation authority shall send all registers and documents relating to the cremations which have taken place therein to the Minister or otherwise dispose of them as he may direct.

SCHEDULE

FORM A

(Regulation 6)

APPLICATION FOR CREMATION WITH STATUTORY  
DECLARATION

1. (Name of applicant).....  
 (Address) .....  
 (Occupation) .....

apply to the Authorized Officer of the parish of.....

to undertake the cremation of the remains of

- (Name of deceased) .....  
 (Address) .....  
 (Occupation) .....  
 (Age) ..... (Sex) .....

(Whether married, widow,  
widower or unmarried) .....

(description of crematorium).  
(established/operated by)

The true answers to the questions set out below are as follows:

1. Are you the nearest relative  
of the deceased? .....
2. If not, state
  - (a) Your relationship to  
the deceased .....
  - (b) The reason why the  
application is made  
by you and not by  
any nearer relative.....
3. Did the deceased leave any  
written directions as to the  
mode of disposal of his or  
her remains? If so, what?.....
4. Have the near relatives\* of  
the deceased been informed  
of the proposed cremation?.....

\*The term "near relative" as here used includes widow or widower, parents, children above the age of 16, and any other relative usually residing with the deceased.

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SCHEDULE, *contd.*FORM A, *contd.*

5. Has any near relative of the deceased expressed any objection to the proposed cremation? If so, on what ground? .....
6. What was the date and hour of the death of the deceased? .....
7. What was the place where deceased died? (Give address and say whether own residence, lodging, hotel, hospital, nursing home, etc.).....
8. Do you know, or have you any reason to suspect, that the death of the deceased was due, directly or indirectly, to  
 (a) violence;  
 (b) poison;  
 (c) privation or neglect?.....
9. Do you know any reason whatever for supposing that an examination of the remains of the deceased may be desirable? .....
10. Give name and address of the ordinary medical attendant of the deceased.....
11. Give names and addresses of the medical practitioners who attended deceased during his or her last illness.....

I, *A.B.*, do solemnly and sincerely declare as follows—

That all the particulars stated above are true, and that to the best of my knowledge and belief no material particular has been omitted.

I make this solemn declaration conscientiously believing the same to be true and by virtue of the Voluntary Declarations Act, and I am aware that if there is any statement in this declaration which is false in fact, which I know or believe to be false or do not believe to be true, I am liable to fine and imprisonment.

.....  
 (*Signature*)

† Declared at

the ..... day of  
 before me.

.....  
 (*Signature*)

† This declaration must be made before a Justice of the Peace or Notary Public.

SCHEDULE, contd.

FORM B

(Regulation 7 (2) )

AUTHORITY TO CREMATE  
(To be granted by the Authorized Officer)

To: Superintendent of the crematorium at.....

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

(Name) \* .....

(Address) .....

(Occupation) .....

AND WHEREAS I have satisfied myself that all the requirements for the cremation of human remains prescribed by the Cremation Act, and the Regulations made in pursuance of that Act 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 authorize  
The Superintendent of the crematorium at.....

to cremate the said remains.

(Signature).....

*Authorized Officer*

(Date)

NOTE—This authority should be signed in duplicate—one copy to be retained with certificates and the other sent by the authorized officer to the Superintendent of the crematorium.

\*In the case of a still-born child, in place of the name, address and occupation, insert a description sufficient to identify the body, and in place of the words "that the cause of death has been definitely ascertained" insert the words "that the child was still-born".

FORM C

(Regulation 9 (a) )

(To be given by a medical practitioner who has attended to the deceased during his last illness and who can certify definitely as to the cause of death.)

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

(Name of deceased) .....

(Address) .....

(Occupation) .....

SCHEDULE, *contd.*

FORM C, *contd.*

Having attended the deceased before death, and seen and identified the body after death, I give the following answers to the questions set out below—

1. On what date, and at what hour did he or she die?.....
2. What was the place where the deceased died? (Give address and say whether own residence, lodging, hotel, hospital, nursing home, etc.) .....
3. Are you a relative of the deceased? If so, state the relationship? .....
4. Have you, so far as you are aware, any pecuniary interest in the death of the deceased? .....
5. Were you the ordinary medical attendant of the deceased? If so, for how long? .....
6. Did you attend the deceased during his or her last illness? If so, for how long?.....
7. When did you last see the deceased alive? (Say how many days or hours before death.) .....
8. How soon after death did you see the body, and what examination of it did you make? .....
9. What was the cause of death? .....

Primary  
Secondary

I

- Immediate cause.....(a).....
- Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause) { due to (b).....  
due to (c).....

II

- Other morbid conditions (if important) contributing to death but not related to immediate cause. { .....



SCHEDULE, *contd.*FORM C, *contd.*

10. What was the mode of death?  
(Say whether syncope, coma, exhaustion, convulsions, etc.)  
What was its duration in days, hours, or minutes? .....
11. State how far the answers to the last two questions are the results of your own observations, or are based on statements made by others. If on statements made by others, say by whom. ....
12. 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? .....
13. By whom was the deceased nursed during his or her last illness? (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 the death.) .....
14. Who were the persons (if any) present at the moment of death? .....
15. 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? .....
16. Have you any reason to suspect that the death of the deceased was due, directly or indirectly, to  
(a) violence;  
(b) poison;  
(c) privation or neglect? .....
17. Have you any reason whatever to suppose a further examination of the body to be desirable? .....
18. Have you given the certificate required for registration of death? If not, who has? .....

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SCHEDULE, *contd.*FORM C, *contd.*

I hereby certify that the answers given above are true and accurate to the best of my knowledge and belief, and that I know of no reasonable cause to suspect that the deceased died either a violent or an unnatural death or a sudden death of which the cause is unknown or died in such place or circumstances as to require an inquest in pursuance of any enactment.

(Signature).....

(Address).....

(Registered Qualifications).....

.....

(Date)

**NOTE**—This certificate must be handed or sent in a closed envelope by the medical practitioner who signs it to the Government medical officer who is to give the confirmatory certificate below.

## FORM D

(Regulation (9) (a) )

## CONFIRMATORY MEDICAL CERTIFICATE

(To be given by a Government medical officer who is not a relative of the deceased or a relative or partner of the medical practitioner who gives the certificate in Form C.)

I, being the medical officer for.....

medical district, and being neither a relative of the deceased, nor a relative or partner of the medical practitioner who has given the foregoing medical certificate, have examined it and have made personal inquiry as stated in my answers to the questions below—

1. Have you seen the body of the deceased? .....
2. Have you carefully examined the body externally? .....
3. Have you made a post-mortem examination? .....
4. Have you seen and questioned the medical practitioner who attended the deceased? .....
5. Have you seen and questioned any other medical practitioner who attended the deceased? .....

SCHEDULE, *contd.*

FORM C, *contd.*

- 6. Have you seen and questioned any person who nursed the deceased during his last illness, or who was present at the death? .....
- 7. Have you seen and questioned any of the relatives of the deceased? .....
- 8. Have you seen and questioned any other person? .....

(In the answers to questions 5, 6, 7 and 8, give names and addresses of persons seen and say whether you saw them alone.)

I am satisfied that the cause of death was and I certify that I know of no reasonable cause to suspect that the deceased died either a violent or an unnatural death or a sudden death of which the cause is unknown or died in such place or circumstances as to require an inquest in pursuance of any enactment.

(Signature).....

(Address).....

(Date).....

(Registered Qualifications).....

(Office).....

NOTE—The Certificates in Forms C and D must be handed or sent in a closed envelope to the Authorized Officer by one or other of the medical practitioners by whom they are given.

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SCHEDULE, *contd.*

FORM E

(Regulation 9(b))

## CERTIFICATE AFTER POST-MORTEM EXAMINATION

(To be given by a Government medical officer designated by the Authorized Officer.)

I hereby certify that, acting on the instructions of  
authorized officer of the ..... division, I made a post-mortem examina-  
tion of the remains of

(Name) .....

(Address) .....

(Occupation) .....

The result of the examination is as follows—

I am satisfied that the cause of death was

and that there is no reason for making any toxicological analysis† or for the holding of an inquest.

(Signature).....

(Address).....

*Medical Officer for the medical district.*

(Registered Qualifications).....

(Date).....

† The words underlined should be omitted where a toxicological analysis has been made and its result is stated in this certificate or in a certificate attached to it.

SCHEDULE, *contd.*....  
REGISTER OF CREMATIONS

Carried out by.....

At the Crematorium at.....

No.	Date of Cremation	Name, residence and occupation of deceased	Age and Sex	Whether married or unmarried	Date of death	Place of death	Name and address of person who applied for cremation	Names and addresses of persons signing certificates	District where death has been registered	How ashes were disposed of

NOTE: Additional particulars may be added in the form of Register by the Cremation Authority.