

Part 2 continued

11. Please give the cause of death

1. (a) Disease or condition directly leading to death (this does not mean the mode of dying, such as heart failure, asphyxia, asthenia, etc: it means the disease, injury, or complication which caused death)

[Empty text box for cause of death (a)]

(b) Other disease or condition, if any, leading to (a)

[Empty text box for cause of death (b)]

(c) Other disease or condition, if any, leading to (b)

[Empty text box for cause of death (c)]

2. Other significant conditions contributing to the death but not related to the disease or condition causing it.

[Empty text box for other significant conditions]

12. Did the deceased undergo any operation in the year before their death? Yes No

If Yes, what was the date and nature of the operation and who performed it.

Date of operation

[Date input boxes: □□/□□/□□□□]

Who performed it

[Text box for who performed operation]

Nature of operation

[Large text box for nature of operation]

13. Do you have any reason to believe that the operation(s) shortened the life of the deceased? Yes No

If Yes, please give details.

[Large text box for details of shortened life]

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Part 2 continued

In answer to questions 2, 3, 4, and 5, please give names and addresses of persons questioned and say whether you spoke to them in person or by telephone. Any failure to answer one of these questions in the affirmative may be treated as inadequate enquiry.

2. Have you questioned any other medical practitioner who attended the deceased? Yes No

If Yes, please give the full name and address details of the medical practitioner(s).

[Large text box for medical practitioner details]

3. Have you questioned any person who nursed the deceased during their last illness, or who was present at the death? Yes No

If Yes, please give the full name and address details.

[Large text box for nursing person details]

4. Have you questioned any of the relatives of the deceased? Yes No

If Yes, please give the full name and address details.

[Large text box for relatives details]

5. Have you questioned any other person? Yes No

If Yes, please give the full name and address details.

[Large text box for other person details]

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Confirmatory medical certificate

Cremation 5

This form may only be completed by a registered medical practitioner of at least five years' standing who is not either a relative of the deceased, the medical practitioner who issued the medical certificate (form Cremation 4) or a relative or a partner or colleague in the same practice or clinical team as the medical practitioner who issued that certificate.

'Five years' standing' means a medical practitioner who has been a fully registered person within the meaning of the Medical Act 1983 for at least five years and, if paragraph 10 of Schedule 1 to the Medical Act 1983 (Amendment) Order 2002 (S.I. 2002/3135) has come into force, has held a licence to practice for at least five years or since the coming into force of that paragraph.

Please complete this form in full, if a part does not apply enter 'N/A'.

Part 1 Details of the deceased

Full name

Address

Occupation or last occupation if retired or not in work at the date of death

Part 2 The report on the deceased

1. Have you questioned the medical practitioner who gave the Medical Certificate (form Cremation 4)? Yes No

If No, please give reasons.

Part 2 continued

14. Please give the full name and address details of any person who nursed the deceased during their last illness (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.)

15. Were there any persons present at the moment of death? Yes No

If Yes, please give the full name and address details of those persons and whether you have spoken to them about the death.

16. If there were persons present at the moment of death, did those persons have any concerns regarding the cause of death? Yes No

If Yes, please give details

17. In view of your knowledge of the deceased's habits and constitution do you have any doubts whatever about the character of the disease or condition which led to the death? Yes No

18. Have you any reason to suspect that the death of the deceased was
Violent Yes No
Unnatural Yes No

19. Have you any reason at all to suppose a further examination of the body is desirable? Yes No

If you have answered Yes to questions 17, 18 or 19 please give details below:

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Part 2 continued

20. Has a coroner been informed about the death? Yes No

If Yes, please state the outcome.

21. Has there been any discussion with a coroner's office about the death of the deceased? Yes No

If Yes, please state the coroner's office that was contacted and the outcome of the discussions.

22. Have you given the certificate required for registration of death? Yes No

If No, please give the full name and contact details of the medical practitioner who has

Full name

Address

Telephone number

23. Was any hazardous implant placed in the body (e.g. a pacemaker, radioactive device, 'Fexion' intramedullary nailing system or any battery operated drug delivery system e.g. Baclofen Pump)? Yes No

Implants may damage cremation equipment if not removed from the body of the deceased before cremation and some radioactive treatments may endanger the health of crematorium staff.

If Yes, has it been removed? Yes No

Part 3 Statement of truth

I certify that I am a registered medical practitioner.

I certify that the information I have given above is 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 unnatural death or a sudden death of which the cause is unknown or in a place or circumstance which requires an inquest in pursuance of any Act.

I am aware that it is an offence to wilfully make a false statement with a view to procuring the cremation of any human remains.

Your full name

Address

Telephone number

Registered qualifications

GMC Reference number

Signed

Dated

/ /

Once completed, this certificate must be handed or sent in a closed envelope by, or on behalf of, the medical practitioner who signs it to the medical practitioner who is to give the confirmatory medical certificate except in a case where question 10 is answered in the affirmative, in which case the certificate must be so handed or sent to the medical referee at the cremation authority at which the cremation is to take place.

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