

CERTIFICATE OF DOCTOR DISPENSING WITH IDENTIFICATION OF DECEASED

Form 8 - Burial and Cremation Act 2013 (regulation 6)

- 1 I am a legally qualified doctor.
- 2 (insert name)
is arranging the burial/cremation of the bodily remains of (insert full name of deceased)
.....
late of (insert last residential address of deceased)
.....
- 3 I have been requested by the person arranging the burial/cremation to view the bodily remains of a deceased person believed to be the bodily remains of the abovenamed deceased.

I certify that -

- 1 I have viewed the bodily remains; and
- 2 the bodily remains cannot be identified for the following reason:
.....
.....
.....

Signed:

Dated:

Address:

.....

Qualifications:

CERTIFICATE OF DOCTOR DISPENSING WITH IDENTIFICATION OF DECEASED

Form 8 - Burial and Cremation Act 2013 (regulation 6)

- 1 I am a legally qualified doctor.
- 2 (insert name)
is arranging the burial/cremation of the bodily remains of (insert full name of deceased)
.....
late of (insert last residential address of deceased)
.....
- 3 I have been requested by the person arranging the burial/cremation to view the bodily remains of a deceased person believed to be the bodily remains of the abovenamed deceased.

I certify that -

- 1 I have examined the bodily remains; and
- 2 the bodily remains cannot be identified for the following reason:
.....
.....
.....

Signed:

Dated:

Address:

.....

Qualifications: