Woodvale
Bereavement Services
The Woodvale Lodge
Lewes Road
Brighton BN2 3QB
Telephone: 01273 604020

Cremation Form 10 (replacing Form F)

Authorisation of cremation of deceased person by medical referee

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

Part 1: Details of the deceased

Full name

Address

Postcode

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

Part 2: Authorisation by medical referee

An application has been made for the cremation of the remains of the deceased. I am satisfied that -
(a) the requirements of the Cremation (England and Wales) Regulations 2008 have been complied with;
(b) the inquiry/examination made by the persons who gave the relevant certificates has been adequate; and
(c) the fact and cause of death have been definitely ascertained or, if not ascertained, a coroner has opened an inquest.

Accordingly, I authorise the Registrar of the following crematorium to cremate the remains of the deceased within that crematorium -

Name of crematorium

WOODVALE (BRIGHTON & HOVE) CREMATORIUM

Print your full name

Cremation authority

BRIGHTON & HOVE CITY COUNCIL

Signed

Dated

/ /

Brighton & Hove City Council