

THE CREMATION REGULATIONS 1973

FORM AB Reg. 7(1)

I HEREBY certify that I have examined the body of:

Full name of deceased

Address

Occupation

* I am satisfied that the body does not contain a cardiac pacemaker or any other biomechanical aid.

* I have removed from the body a cardiac pacemaker or other bio-mechanical aid, namely:

Signature:

Address:

Date:

Registered Qualifications:

* *Delete whichever is inapplicable.*