Dear All,

On behalf of the crematorium administrative staff and medical referees at Gilroes, please read this addendum to my email re Cremation form completion sent on 3/3/21.

 Some Cremation forms are being submitted with “N/A” as responses to Questions 6,7 and 8 without clarification of patient’s last illness details and name of certifying practitioner in Question 9 .

This results in the admin staff having to contact the certifying doctor for clarification which, in turn, can cause delay or postponement of cremation services.

Listed below is the relevant information for form completion to hopefully avoid delays:

Any Registered Medical Practitioner (RMP) can complete Form Cremation 4, and they do not

have to have seen the deceased, but normally:

(a) A RMP should have attended the deceased (including by video) within 28 days, or

(b) Viewed the body after death in person (not by video), or

(c) The death has been registered with an MCCD supported by Form 100A

Therefore,

1. when answering Question 6 (Please state how long you attended the deceased during their last illness?),

 Video consultations by the certifying doctor or another RMP can be taken into account (rather than just putting N/A)

2. when answering Question 7 (Please state the number of days and hours before the deceased’s death that you last saw them alive?)

If the last attendance was by video,put how many days and hours prior to death this took place and write “by video” to the right of the hours box. Audio consultations (e.g. by phone) are not acceptable for the purposes of Question 7.

If another RMP saw the deceased prior to death, details of this attendance should be reported at Question 9.

3. when answering Question 8.

 If you saw the body of the deceased complete with the date and time and a record of the examination you made. This cannot be via digital means (video/visual). If the body of the deceased was not seen by you, or was seen by another RMP known to you, answer ‘N/A’ and report the observations of the other RMP at Question 9 including their full name and General Medical Council number

4. when answering Question 9.

Include: Name and GMC number of deceased’s usual medical practitioner if you are not. Name and GMC number of any RMP who attended the deceased/saw the body. Details of deceased’s symptoms in the period leading up to death extracted from the record or after discussion or other exchange with any RMP who saw the deceased prior to death or saw the body.

Also attached is the MOJ Guidance on Cremation Form completion.Thanks for your help.