



HILLINGDON  
LONDON

Breakspear Crematorium  
Breakspear Road Ruislip Middlesex HA4 7SJ  
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Cremation Form 4 (replacing Form B)

**THE CREMATION (ENGLAND & WALES) REGULATIONS 2008**

**Medical Certificate**

This form can only be completed by a registered medical practitioner. Please complete this form in full, if a part does not apply enter 'N/A'.

**Part 1 – Details of the deceased**

Full Name

[Empty text box for Full Name]

Address

[Empty text box for Address]

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

[Empty text box for Occupation]

Where a past occupation of the deceased person may suggest that the death was due to industrial disease, you should consider whether to refer the death to a coroner

**Part 2 – The report on the deceased**

1. What was the date and time of death of the deceased?

Date

Time

[Date box 1]

[Date box 2]

[Date box 3]

[Time box]

2. Please give the address where the deceased died.

Address

[Empty text box for Address]

Please state whether it was the residence of the deceased or a hotel, hospital, or nursing home etc.

Their home

Hospital

Other (please specify)

Hotel

Nursing home

[Empty box for Other]

3. Are you a relative of the deceased?

Yes

No

If yes, please give the nature of your relationship

[Empty text box for relationship]

4. Have you, so far as you are aware, any pecuniary interest in the death of the deceased?

Yes

No

If 'Yes' please give details

[Empty text box for details]

5. Where you the deceased's usual medical practitioner?  Yes  No

If 'Yes' please state for how long

[Empty text box for duration]