

Form 2
Queensland
Cremations Act 2003
(Sections 3, 6(7) and Schedule)
CREMATION RISK CERTIFICATE

Please print all information on this form.

I, _____ ,
(print name in full)

of _____
(print business address in full)

Telephone Number: _____

doctor, state:

1. *(Tick one box only)*

- I am the doctor who issued the cause of death certificate for the deceased person referred to below.
- I am not the doctor who issued the cause of death certificate for the deceased person referred to below.
- (Note: Another doctor can issue the cremation risk certificate if the doctor who issued the cause of death certificate is not available: schedule to the Cremations Act 2003).*

2. I am satisfied that the human remains of the deceased person referred to below: *(Tick one box only)*

- pose a cremation risk *(please specify, eg, cardiac pacemaker)* _____
- do not pose a cremation risk.

Note: Human remains pose a cremation risk if the remains contain something that, if cremated, might expose someone to the risk of death, injury or illness (for example, a cardiac pacemaker or radioactive implant: section 6(7) of the Cremations Act 2003).

Name of deceased person: _____

Usual or last known address of deceased person: *(if known)* _____

Date and place of death of deceased person: *(if known)* _____

Age of deceased person: *(if known)* _____ Date of birth of deceased person: *(if known)* _____

Signature of doctor issuing the cremation risk certificate: _____

Date of issue of cremation risk certificate: _____

Note:

1. *Under the Acts Interpretation Act 1954 a doctor is a medical practitioner under the Medical Practitioners Registration Act 2001, schedule 3, that is, a person registered under the Medical Practitioners Registration Act 2001. Other than in the term "independent doctor" it includes a person who, in another State or country, is equivalent to a doctor: Schedule of the Cremations Act 2003.*