

Cremation

Cap. 40.

CREMATION REGULATIONS, 1999

1999/81.

Authority: These Regulations were made on 13th September, 1999 by the Minister under section 14 of the *Cremation Act*.

Commencement: 23rd September, 1999.

1. These Regulations may be cited as the *Cremation Regulations, 1999*. Short title.

2. In these Regulations,

Interpretation.

“Cremation Authority” means the body appointed by the Minister for the purpose of overseeing the operation of a crematorium;

“operator” means a person who operates a crematorium.

3. Where a crematorium is established, the Crematorium Authority shall notify the Minister of any change of name of the crematorium, or of any change of ownership thereof. Change of name or ownership.

4. (1) The operator of a crematorium shall

Closure of crematorium by operator.

(a) give the Minister at least one month’s notice in writing of his intention to close a crematorium; and

(b) inform the public of his intention to close the crematorium by

(i) affixing a notice to the main entrance of the crematorium which gives the proposed date of closure of the crematorium; and

(ii) publishing a notice in a daily newspaper circulated in Barbados.

(2) The operator who notifies the Minister of his intention pursuant to sub-paragraph (a) of paragraph (1) shall at the same time submit his licence to operate the crematorium to the Minister for cancellation.

Application to be signed by relative. Schedule.

5. An application to have any human remains cremated under the Act shall be made in accordance with Form 'A' of the *Schedule* and shall be signed by the executor or by the nearest surviving relative of the deceased or by some other person, provided that in the case of such other person he shall show good reason why the application is not being made by the executor or by the nearest surviving relative of the deceased.

Chief Medical Officer to grant or refuse permission to cremate.

6. (1) No permission for cremation shall be granted unless the requirements prescribed by the Act and these Regulations have been satisfied.

(2) The Chief Medical Officer may in his absolute discretion either grant, delay or refuse permission to cremate the remains of a person.

Schedule.

(3) A permit to cremate human remains shall be in accordance with Form 'B' of the *Schedule*.

Conditions for cremation.

7. (1) No person shall cremate

- (a) the remains of any other person who is known to have left a written declaration to the contrary;
- (b) the remains of any other person which have not been properly identified; or
- (c) the remains of any person unless permission to do so has first been obtained from the Chief Medical Officer under regulation 8 and all requirements of the Act have been satisfied.

(2) Any person who contravenes the provisions of this regulation is liable on summary conviction to a fine of \$50 000 and to imprisonment for 2 years.

- 8.** (1) No cremation of human remains shall take place unless
- (a) a certificate in accordance with Form 'C' of the *Schedule* has been given by a medical practitioner;
 - (b) where the death occurred at a hospital, a certificate is given by the medical practitioner who attended to the deceased during his last illness, and who can certify as to the cause of death;
 - (c) a confirmatory medical certificate in accordance with the Addendum to Form 'C' of the *Schedule* is given by a medical practitioner who is not a relative of the deceased or a partner of the medical practitioner who has given the certificate referred to in sub-paragraph (a);
 - (d) a post-mortem examination has been performed by a medical practitioner in the circumstances outlined in paragraph (2) and a certificate has been given by him in accordance with Form 'D' of the *Schedule*; and
 - (e) a certificate is produced to the effect that the death has been duly registered in accordance with the provisions of the *Vital Statistics Registration Act*.
- (2) A post-mortem examination shall be performed by a medical practitioner and shall be approved by the Chief Medical Officer where
- (a) there is reasonable cause to suspect that the deceased died a violent or an unnatural death;
 - (b) the deceased died a sudden death;
 - (c) the cause of death is unknown; or
 - (d) the deceased died in such place or in such circumstances as would require an inquest to be held in pursuance of any law.
- 9.** Any human remains burnt at a crematorium shall be reduced entirely to ashes, which shall be salvaged and disposed of pursuant to regulation 10.

Medical certificates required before cremation. Schedule.

Schedule.

Schedule.

Cap. 192A.

Human remains to be all reduced to ashes.

Disposal
of ashes.

10. (1) After the cremation of the remains of a person, the ashes shall be given into the charge of the person who applied for the said cremation, if so requested.

(2) Where no such request is made, the ashes shall be retained by the operator and, in the absence of any special arrangement, they shall either be interred in the cemetery adjoining the crematorium or in another cemetery.

(3) Where ashes are left temporarily in the charge of the operator and are not collected within a reasonable time, the operator shall give to the person who applied for the cremation 2 weeks notice of the date on which the remains are to be interred.

Ashes may
be exported.

11. Nothing herein contained shall prevent the ashes of any person cremated in accordance with the provisions of the Act or these Regulations from being exported from Barbados in containers which are sealed to the satisfaction of the Chief Medical Officer.

Regulations
not to
contravene
Cap. 44.

12. Nothing herein contained shall contravene the provisions of the *Health Services Act*.

Registration
of crema-
tions.

13. (1) The operator shall keep a register of all cremations carried out at the crematorium.

(2) The operator shall enter in the register all relevant information in respect of each cremation immediately after the cremation has taken place, except that the entry concerning the disposal of the ashes shall be entered as soon as the ashes

(a) are handed over to the person referred to in regulation 10(1);
or

(b) are interred in accordance with regulation 10(2).

(3) The operator shall submit to the Cremation Authority, on a quarterly basis, a list of all cremations carried out during the respective period.

14. (1) All applications, certificates and other documents relating to any cremation shall be given a number which corresponds to a number in the register, and shall be filed in order and carefully preserved by the operator. Documents to be retained for 15 years.

(2) The operator may, if he thinks fit, destroy any such applications, certificates or other documents (but not the register of cremations or any part thereof) after the expiration of 15 years from the date of the cremation to which they relate.

15. Every register and document referred to in regulation 14 shall be open to inspection, at any reasonable hour, by any person appointed for that purpose by the Minister. Inspection of documents.

16. Where a crematorium is closed pursuant to section 10 of the Act, the Crematorium Authority shall send all registers and documents relating to the cremations which have taken place therein to the Minister, or may dispose of them as the Minister may direct. Disposal of documents. Cap. 40.

17. The Minister may by order regulate the hours during which cremations may be carried out. Hours for cremation.

18. A person who contravenes any of these Regulations is guilty of an offence, and is liable on summary conviction to a fine of \$50 000 and, in the case of a continuing offence, to a further fine of \$2 500 for each day during which the offence continues after conviction thereof, except where the provision under which the offence is created provides the penalty to be imposed. Offences and penalties.

SCHEDULE

FORM A

(Regulation 5)

APPLICATION FOR A PERMIT TO CREMATE HUMAN REMAINS

I,
(state name and address of applicant)

.....

Occupation

apply to the Chief Medical Officer for a permit to cremate on

.....
(date and time of intended cremation)

at
(state site of intended cremation)

.....

the remains of
(state name and address of deceased)

.....

Age Sex Marital Status

1. Are you an executor or the nearest surviving relative of the deceased?

2. If not, state

(a) your relationship to the deceased

(b) the reason why the application is made by you and not an executor or any near relative

.....

3. Did the deceased leave any written directions as to the mode of disposal of his or her remains? If so, state directions

.....

4. Have the near relatives* of the deceased been informed of the proposed cremation?

.....

- 5. Has any near relative* of the deceased expressed any objection to the proposed cremation? If so, on what ground?
- 6. What was the date and hour of the death of the deceased?
- 7. What was the place where the deceased died? (Give address and say whether own residence, lodgings, hotel, hospital, nursing home, etc.)

I have no knowledge, or reason to suspect, that the death of the deceased was due, directly or indirectly, to violence, poison, or neglect, nor do I have knowledge of any other reason for which a cremation should not be undertaken.

.....
Signature of Applicant

.....
Relation to Deceased

.....
Date and time of Application

.....
(Witness to Signature)

*The expression "near relative" includes a widow or a widower, the parents or children above the age of 16 of the deceased, and any other relative usually residing with the deceased.

FORM C

*(Regulation 8(1)(a))***CERTIFICATE OF MEDICAL PRACTITIONER**

(To be given by a medical practitioner* who attended to the deceased during his last illness and who can certify definitely as to the cause of death.)

I am informed that the application is about to be made for the cremation of the remains of:

Name of Deceased

Address

Occupation

Having attended to the deceased before death, and having viewed the body after death, I give the following answers to the questions set out below:

1. On what date, and at what hour did he or she die?
2. What was the place where the deceased died? (Give address and say whether own residence, lodging, hotel, hospital, nursing home, etc.)
3. Are you a relative of the deceased? If so, state the relationship.
4. Have you, so far as you are aware, any pecuniary interest in the death of the deceased?
5. Were you the ordinary medical attendant of the deceased? If so, for how long?
6. Did you attend the deceased during his or her last illness? If so, for how long?
7. When did you last see the deceased alive? (Say how many days or hours before death).
8. How soon after death did you view the body, and what examination of it did you make?

*Where death occurred at a hospital, a certificate is to be given by the medical officer who attended the deceased.

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16. Have you any reason to suspect that the death of the deceased was due directly or indirectly to

- (a) violence;
- (b) poison;
- (c) privation or neglect?

17. Have you any reason whatever to suppose a further examination of the body to be desirable?

18. Have you given the certificate required for registration of death? If not, who has?

I hereby certify that the answers given above are true and accurate to the best of my knowledge and belief, and that I know of no reasonable cause to suspect that the deceased died a violent or an unnatural death or a sudden death, or that the cause of death is unknown or that he died in such place or circumstances as to require an inquest in pursuance of any law.

.....
Signature of Medical Practitioner

.....
Address

.....
Qualifications

Date

NOTE:- This certificate must be handed or sent in a sealed envelope by the medical practitioner or the medical officer who signed it to the medical officer who has to give the confirmatory medical certificate set out as an Addendum to this Form.

ADDENDUM TO FORM C

(Regulation 8(1)(c))

CONFIRMATORY MEDICAL CERTIFICATE

I..... a medical officer
attached to the hereby certify as follows:
(state place where attached)

- (a) that the above-named deceased was not attended to by me during his last illness;
- (b) that I viewed his body at
on
(state place at and date on which body was viewed)
and
- (c) that I am satisfied that the said deceased died as I am informed on the date given above, and to the best of my knowledge the cause of death was as stated above.

I further certify that the answers given above are true and accurate to the best of my knowledge and belief, and that I know of no reasonable cause to suspect that the deceased died either a violent or an unnatural death or a sudden death the cause of which is unknown, or died in such place or circumstances as to require an inquest in pursuance of any Act.

.....
Signature of Medical Practitioner

.....
Address

.....
Qualifications

Date

FORM D

(Regulation 8(1)(d))

CERTIFICATE AFTER POST-MORTEM EXAMINATION

(To be given by the Medical Practitioner requested by the authorised officer and approved by the Chief Medical Officer)

I hereby certify that, acting on the request of
(state name of authorised officer)
authorised officer of the division, I made
a post-mortem examination of the remains of

.....
(state name of deceased)

.....
(state address of deceased)

.....
(state occupation of deceased)

The result of the examination is as follows:

I am satisfied that the cause of death was due to
and that there is no reason **for making any toxicological analysis or *for the holding of an inquest.*

.....
Signature of Medical Practitioner

.....
Address

.....
Qualifications

(Date)

**The words in italics should be omitted where a toxicological analysis has been made and its result is stated in this certificate or in a certificate attached to it.*