www.nelsoncitycouncil.co.nz cremation.registrar@ncc.govt.nz



CERTIFICATE IN RELATION TO PACEMAKERS AND OTHER BIOMECHANICAL AIDS

FORM AB

May2013

The Cremation Regulations 1973 Reg. 7(1)

	(Cremation Registrar to complete)
I hereby certify that I have examined the bod	y of:
Full Name of Deceased: First	Surname
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 pace	emaker or other biomechanical aid, namely:
Note: *Delete whichever is inapplicable.	
Signature:	Date: / /
Full Name: First	Surname
Address:	
Phone:	Mobile:
Registered Qualifications:	

Note: This certificate must be handed or sent in a closed envelope by the Medical Practitioner who signs it to a Medical Referee.