

Island of Guernsey

Ordinance of the States **V**

Made 1st February, 1967 **1967**
Coming into Operation .. . 1st March, 1967

The Cremation (Amendment) Ordinance, 1967

THE STATES, in pursuance of their Resolution of the twenty-sixth day of October, nineteen hundred and sixty-six, and in exercise of the powers now vested in them under Article four of the Law entitled "Loi relative à la Crémation" registered on the first day of September, nineteen hundred and twenty-eight, and of all other powers thereunto them enabling, hereby order:—

1. The Ordinance entitled "Ordonnance relative à la Crémation" of the twelfth day of October, nineteen hundred and twenty-nine^(a), as amended^(b), is hereby further amended as follows, that is to say:—

Amendment
of Ordinance
of 1929.

- (a) paragraph (a) of regulation seven thereof is hereby repealed and the following paragraph is hereby substituted therefor—

(a) Recueil d'Ordonnances Tome VIII, p. 43.

(b) Recueil d'Ordonnances Tome VIII, p. 58; No. XVIII of 1965.

- “(a) a certificate in Form B has been given by a medical practitioner authorised to practise in this Island who has attended the deceased during his last illness and who can certify definitely as to the cause of death, and a confirmatory medical certificate in Form C has been given by another medical practitioner of not less than five years standing and authorised to practise in this Island, who is not a relative of the deceased or a relative or partner of the medical practitioner who has given the certificate in Form B; or”;
- (b) Form C set out in the Schedule thereto is hereby repealed and the form set out in the Schedule to this Ordinance is hereby substituted therefor.

Citation,
collective
title and
commence-
ment.

2. (1) This Ordinance may be cited as the Cremation (Amendment) Ordinance, 1967, and this Ordinance and the Cremation Ordinances, 1929 to 1965, may be cited together as the Cremation Ordinances, 1929 to 1967.

(2) This Ordinance shall come into force on the first day of March, nineteen hundred and sixty-seven.

SCHEDULE

Section one

FORM C

Confirmatory Medical Certificate

I, being a medical practitioner of not less than five years standing and authorised to practise in this Island, and being neither a relative of the deceased, nor a relative or partner of the medical practitioner who has given the foregoing medical certificate, have examined it and have made personal inquiry as stated in my answers to the questions below:—

1. Have you seen the body of the deceased?
2. Have you carefully examined the body externally?
3. Have you made a post-mortem examination?
4. Have you seen and questioned the medical practitioner who gave the above certificate?
5. Have you seen and questioned any other medical practitioner who attended the deceased?
6. Have you seen and questioned any person who nursed the deceased during his last illness, or who was present at the death?
7. Have you seen and questioned any of the relatives of the deceased?
8. Have you seen and questioned any other person?

(In the answers to questions 5, 6, 7 and 8, give names and addresses of persons seen and say whether you saw them alone).

I am satisfied that the cause of death was
and I certify that I know of no reasonable cause to
suspect that the deceased died either a violent or
an unnatural death or a sudden death of which the
cause is unknown or died in such place or circum-
stances as to require an inquest.

(Signature)

(Address)

(Date)

(Registered qualifications)

(Office)

R. H. VIDELO,

Her Majesty's Greffier.

Copies may be purchased from
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PRICE 6D.