

Burial and Cremation Regulations 2015
DECLARATION OF LIFE EXTINCT (FORM 2)

PART A

I, being a medical practitioner, **OR** a Responsible Person*
(Full name of person making declaration)

hereby declare that the body identified to me as

.....
(Full name of deceased person)

situated at
(Location of deceased person at time of completing this declaration)

1. does not display any recognisable signs of life ☐ (please tick) **and**
2. an identification tag has been attached. ☐ (please tick)

Signed by
(Signature of Medical Practitioner or Responsible Person making declaration)

Contactable at
(Contact details of Medical Practitioner or Responsible Person making declaration)

Time Date/...../.....
(Time of completing declaration) (Date of completing declaration)

PART B

I, declare that
(Full name of person making declaration)

Tick one box only

☐ I am a medical practitioner **or** I have been appointed as a Responsible Person under Regulation 6(1)(c) by:
.....
(Insert full name of Medical Practitioner who appointed the Responsible Person)

OR

☐ I am a police officer, nurse, midwife or officer of the Ambulance Service **and** Part A of this form has been completed by a Responsible Person or Medical Practitioner.

I further declare I have been advised that a medical certificate will be issued within 48 hours *by*:

.....
(Insert name of Medical Practitioner who will issue the medical certificate)

Signed by
(Signature of person making declaration)

Contactable at
(Contact details of person making declaration)

Time Date/...../.....
(Time of issuing declaration) (Date of issuing declaration)

*A "responsible person" under these Regulations is defined as:

- a nurse, as defined in the *Nursing Act 1995*; or
- an officer of the Ambulance Service as defined in the *Ambulance Service Act 1982*; or
- any other person who, in the opinion of a medical practitioner, has the knowledge and skills necessary to determine if – (i) the person who has been notified as dead is in fact dead; and (ii) the death is a reportable death.

Distribution: Original – to accompany body and be retained by Manager of a Prescribed Business or other person in charge of the body

Duplicate – To be forwarded to the Medical Practitioner Issuing the Medical Certificate of Cause of Death

Triplicate – To be forwarded to the Registrar of Births Deaths and Marriages GPO Box 198 HOBART 7001 or fax to 0362 33 6444