

## Serial Number 1949/122

*Reprint under section 7 of the Regulations Act, 1936, of the Cremation Regulations 1939, as amended by the Cremation Regulations 1939, Amendment No. 1 (Serial number 1945/182), and the Cremation Regulations 1939, Amendment No. 2 (Serial number 1949/106).*

### THE CREMATION REGULATIONS 1939 (REPRINT)

GALWAY, Governor-General

#### ORDER IN COUNCIL

At the Government House at Wellington, this 18th day of  
October, 1939

Present :

HIS EXCELLENCY THE GOVERNOR-GENERAL IN COUNCIL

PURSUANT to the Cemeteries Act, 1908, His Excellency the Governor-General, acting by and with the advice and consent of the Executive Council, doth hereby make the following regulations.

#### REGULATIONS

##### REGULATION I.—PRELIMINARY

- (1) These regulations may be cited as the Cremation Regulations 1939.
- (2) These regulations shall come into force on the day following notification in the *Gazette* of the making thereof.\*
- (3) The Cremation Regulations 1928† are hereby revoked.
- (4) In these regulations, where not inconsistent with the context,—
  - “ Approved crematorium ” means a crematorium approved for the cremation of human remains, as hereinafter provided :
  - “ The said Act ” means the Cemeteries Act, 1908, and its amendments :
  - “ Medical Officer of Health ” and “ Inspector of Health ” have the respective meanings attributed to these terms by the Health Act, 1920 :
  - “ Medical Referee ” means a Medical Referee or a Deputy Medical Referee appointed pursuant to Regulation 5 hereof, and, in case of cremations taking place elsewhere than in an approved crematorium, means a Medical Officer of Health :
  - “ Trustees ” includes the persons appointed to be the trustees of a cemetery under the said Act and the managers of a burial-ground under the said Act, and a local authority having the control of a cemetery under the said Act, and the person, company, or corporation owning or exercising control over any crematorium :
  - “ The Minister ” means the Minister of Health :
  - “ Sexton ” means any person having, under the trustees, the management of any crematorium.

\* See end note.

† *Gazette*, 25th October 1928, Vol. III, page 3092.

## REGULATION 2.—USE OF CREMATORIA

(1) No crematorium shall be used for the cremation of human remains until it shall have been approved in writing for that purpose by the Minister.

(2) Should any breach of these regulations be committed in connection with any crematorium, or should it appear to the Minister desirable for reasons of health, change in character of the locality, or for any other reasons that its use should be discontinued, then the Minister may, by notice in the *Gazette*, withdraw any such approval.

(3) Every crematorium shall be maintained in good working-order and provided with a competent attendant or attendants when required, and kept at all times in a clean and orderly condition.

(4) On the closing by the trustees of any crematorium, the trustees shall forthwith give notice in writing thereof to the Minister.

(5) Every crematorium shall be open to inspection at all reasonable times by any Medical Officer of Health or Inspector of Health, or by any other person appointed for that purpose by the Minister.

(6) The Minister may make any inquiry he thinks fit as to the carrying-out of these regulations in connection with any crematorium.

## REGULATION 3.—RESTRICTIONS ON CREMATION

(1) Except with the authority of the Medical Officer of Health, no cremation of human remains shall take place elsewhere than in an approved crematorium.

(2) It shall not be lawful to cremate the remains of any person who is known to have left a written direction to the contrary.

(3) It shall not be lawful to cremate human remains which have not been identified except following the disinterment of remains which have been buried for not less than one year.

(5) No cremation shall take place, and no person shall cremate or assist to cremate any human remains, without the consent of the proper authority given in Form E or Form F in the First Schedule hereto, as the case may require.

(6) The said consent shall be signed—

[(a) In the case of the cremation of human remains following disinterment thereof after burial for not less than one year and in the case of the cremation of the remains of a still-born child, by the trustees or some person appointed by the trustees in that behalf, or by the Medical Referee.]:

(b) In the cases referred to in Regulation 9 hereof, by the Medical Officer of Health :

(c) In all other cases, by the Medical Referee.

(7) In cases where under the last preceding clause hereof the said consent may be signed by an authority other than the Medical Referee, such authority shall, in respect of the cremation, have all the powers, duties, and discretions conferred on the Medical Referee by Regulation 6 hereof as far as applicable.

(8) No person shall consent to the cremation of the remains of a still-born child unless the requirements of section 40 of the Births and Deaths Registration Act, 1924, have, *mutatis mutandis*, been complied with.

(9) Nothing herein contained shall exempt any person from compliance with the provisions of the said Act referring to disinterment of human remains.

Clause (4) of Regulation 3 was revoked by Regulation 4 of the Cremation Regulations 1939, Amendment No. 1 (Serial number 1945/182), and paragraph (a) of clause (6) of the said Regulation 3 as printed within brackets was substituted by Regulation 5 of the same regulations.

#### REGULATION 4.—APPLICATION FOR CREMATION

(1) No cremation shall take place unless application be made in Form A in the First Schedule hereto, and the particulars indicated in that form be furnished and the application be supported by a certificate in accordance with the said form.

(2) The application and certificate must be signed by an executor or by the nearest surviving relative of the deceased, or, if made by any other person, must state a reason why the application is not made by one of the persons aforesaid, and such reason must be accepted as satisfactory by the authority giving consent to the cremation.

(3) In the case of the unclaimed body of any deceased person, the application and certificate comprised in the said Form A may be signed by any person charged with the duty of disposing of such body or by an officer of any local authority charged by law with that duty.

(4) If it is intended that the cremation shall take place at a crematorium, the said application shall made to the trustees; and if it is intended that the cremation shall take place elsewhere than in a crematorium under the power conferred by Regulation 9 hereof, the application shall be addressed to the Medical Officer of Health or to an Inspector of Health, or to the trustees of a cemetery not comprising a crematorium, and such Inspector or trustees shall forthwith notify the Medical Officer of Health of such application.

#### REGULATION 5.—APPOINTMENT OF MEDICAL REFEREE

(1) The trustees of a crematorium shall appoint a Medical Referee, who must be a registered medical practitioner of not less than five years' standing, and must possess such experience and qualifications as will fit him for the discharge of the duties required of him by these regulations. If otherwise qualified, he may be a person holding the office of Coroner or of Medical Officer of Health, or of Medical Superintendent of a public hospital, or any other office.

(2) The said trustees shall also appoint a Deputy Medical Referee possessing the like qualifications to act in the absence of the Medical Referee, and in any case in which the Medical Referee has been the medical attendant of the deceased; and may also appoint a second Deputy Medical Referee possessing the like qualifications to act only in the absence or inavailability of the Medical Referee and the Deputy Medical Referee.

(3) The said trustees may appoint, in addition to the Medical Referee and the Deputy Medical Referees appointed under clause (2) of this regulation, a Medical Referee and a Deputy Medical Referee

possessing the qualifications mentioned in clause (1) of this regulation in any of the cities, boroughs, or places set out in the Second Schedule hereto.

(4) The said trustees, on making any appointment pursuant to this regulation, shall notify to the Minister the name, address, and qualifications of the Medical Referee or Deputy Medical Referee so appointed.

(5) Notwithstanding the terms of appointment by such trustees of any Medical Referee or of any Deputy Medical Referee, no person shall act as such if he ceases to be registered as a medical practitioner or is suspended from practice of the medical profession; and the Minister may at any time suspend a Medical Referee or a Deputy Medical Referee from discharging any duties under these regulations.

#### REGULATION 6.—DUTIES OF MEDICAL REFEREES

(1) The Medical Referee shall not give his consent to any cremation unless—

- (a) A certificate in Form B in the First Schedule hereto be given by a registered medical practitioner who has attended the deceased during his last illness, and who can certify definitely as to the cause of death; or
- (b) A post-mortem examination has been made by a medical practitioner expert in pathology appointed by the trustees, or, in case of emergency or in case of cremations taking place elsewhere than in an approved crematorium, by a medical practitioner expert in pathology appointed by the Medical Referee, and a certificate as to cause of death given by such medical practitioner in Form C in the First Schedule hereto; or
- (c) An inquest has been held or is intended to be held or completed and a certificate to that effect has been given by the Coroner in Form D or in Form DA (as the case may require) in the First Schedule hereto; and
- (d) He has satisfied himself in all cases that the requirements of Regulations 3 and 4 hereof have been complied with so far as applicable.

(2) The Medical Referee shall, in every case where it may appear necessary, require evidence in writing to be furnished to him by statutory declaration or otherwise of the identity of the deceased.

(3) No Medical Referee shall give his consent to any cremation in any case in which he attended the deceased as a medical practitioner during his last illness; but this provision shall not apply to the case of a person dying in a public hospital of which the Medical Referee in the Medical Superintendent if such deceased person shall have also been so attended by another medical practitioner, whether a member of the hospital staff or not.

(4) The Medical Referee, unless he attended the deceased as a medical practitioner during his last illness, may himself, if he has made the post-mortem examination, give a certificate in the said Form C, or, if he is a Coroner, give the Coroner's certificate in the said Form D or Form DA.

(5) The Medical Referee shall discharge the following further duties :—

- (a) He shall, before allowing the cremation, examine the application and certificates and ascertain that they are such as are required by these regulations, and that the inquiry made by the persons giving the certificates has been adequate. He may make any inquiry with regard to the application and certificates that he may think necessary.
- (b) He shall not allow the cremation unless he is satisfied that the fact and cause of death have been definitely ascertained, and, in particular, if the cause of death assigned in the medical certificate be such as (regard being had to all the circumstances) might be due to poison, to violence, to any illegal operation, or to privation or neglect, he shall require a post-mortem examination to be held, and if that fails to reveal the cause of death shall decline to allow the cremation unless an inquest be held and a certificate be given by the Coroner in the said Form D :
- (c) If it appears that death was due to poison, to violence, to any illegal operation, or to privation or neglect, or if there is any suspicious circumstance whatsoever, whether revealed in the certificates or otherwise coming to his knowledge, he shall decline to allow the cremation unless an inquest be held and a certificate given by the Coroner in the said Form D :
- (d) If the Coroner has given notice that he intends to hold an inquest on the body, or if any officer of police intimates that it is proposed to hold an inquest, he shall not allow the cremation to take place until the inquest has been held and a certificate given by the Coroner in the said Form D, or until he is satisfied that no inquest is to be held, or until the Coroner notifies him in writing in Form DA in the First Schedule hereto that he assents to the cremation, although the inquest may not have been opened or completed :
- (e) He may in any case decline to allow the cremation to take place without stating the reason.
- (6) In the case of the remains of a person who has died in any place out of New Zealand, the Medical Referee may accept a declaration containing the particulars contained in Form A in the First Schedule hereto if it be made before any person having authority in that place to administer an oath or take a declaration, and he may accept certificates in Forms B and C in the said First Schedule, signed by any medical practitioner shown to his satisfaction to possess qualifications substantially equivalent to those prescribed by these regulations in the case of each such certificate, and may accept forms containing immaterial variations from the terms of the forms hereby prescribed.
- (7) In the case of any person dying of anthrax, plague, cholera, or yellow fever on board ship or in any hospital established by a Hospital Board under the Hospital and Charitable Institutions Act, 1926, or in any private hospital licensed under Part III of that Act, or in any place to which such person has been removed by order made under section 84 of the Health Act, 1920, the Medical Referee, if satisfied as to the

cause of death, may, with the consent in writing of the Medical Officer of Health, dispense with any of the requirements of clauses (3) and (4) of Regulation 3 hereof and of the foregoing clauses of this regulation.

#### REGULATION 7.—DISPOSAL OF ASHES

(1) After the cremation of the remains of a deceased person, the trustees may deliver the ashes into the charge of the person who applied for the cremation if he makes application in that behalf.

(2) If not so delivered, they shall be retained by the trustees, and, in the absence of any special arrangement for their burial or preservation, they shall, at the discretion of the trustees, be retained in a columbarium at the crematorium or be decently interred in some cemetery or burial-ground or in land adjoining the crematorium reserved for the burial of ashes.

(3) In the case of ashes left temporarily in the charge of the trustees and not removed within a reasonable time, a fortnight's notice shall be sent by registered letter addressed to the person who applied for the cremation before the remains are interred.

(4) In the case of an application for the delivery of ashes made by any person other than the person who applied for the cremation, or if objection be made by any person to the delivery of the ashes to the person who applied for the cremation, the trustees shall satisfy themselves of the propriety of any delivery of the ashes required of them, and shall act accordingly.

(5) A receipt for the delivery of ashes shall be signed by the person receiving the same, and retained with the records relating to the cremation.

(6) This regulation shall not apply to cremations taking place elsewhere than in an approved crematorium.

#### REGULATION 8.—RECORDS AND REGISTER

(1) The trustees shall appoint a Registrar, who shall keep in Form G in the First Schedule hereto a register of all cremations taking place at the crematorium. He shall make the entries relating to each cremation immediately the cremation has taken place, except the final entries, which he shall make as soon as the ashes have been delivered to any person or otherwise finally disposed of.

(2) The Medical Referee shall, after finally dealing with any application for cremation, deliver to the Registrar all documents held by him in connection with the application (whether or not such application is consented to), except the copy of the Form E issued to the sexton as provided by the said form.

(3) All applications, certificates, statutory declarations, and other documents relating to any cremation shall be marked with a number corresponding to the number in the register, and shall be filed in order, and shall be carefully preserved by the trustees. All such registers and documents shall be open to inspection at any reasonable hour by any officer of police, Medical Officer of Health, Inspector of Health, or any other person appointed for that purpose by the Minister.

(4) When any crematorium is closed as provided in Regulation 2 hereof, the trustees shall send all registers and documents relating to the cremations which have taken place therein to the Minister, or otherwise dispose of them as he may direct.

(5) In the application of this regulation to cremations taking place elsewhere than in an approved crematorium, the Medical Officer of Health shall carry out the duties thereby imposed on Registrars as nearly as may be.

**REGULATION 9.—CREMATION ELSEWHERE THAN IN A CREMATORIUM**

(1) If the application made pursuant to Regulation 4 hereof represents that the deceased belonged to a religious denomination whose tenets require the burning of the body to be carried out as a religious rite otherwise than in a crematorium, the Medical Officer of Health may give his authority for cremation at such place as he may appoint.

(2) Such authority shall be given in writing in Form F in the First Schedule hereto, and may be expressed to be subject to such conditions as the Inspector of Health may consider necessary in the interests of health and decency with regard to the time of the cremation, the circumstances attending cremation, and the subsequent disposal of the ashes and other material connected with the cremation.

(3) Where such authority is granted for cremation in a cemetery, such cremation shall be carried out in the particular place and under the conditions appointed either generally or for any particular case by the trustees of such cemetery.

(4) Every person signing any application for such cremation shall be responsible for complying with the conditions set out in the authority granted by the Medical Officer of Health and imposed by the trustees, and failure on the part of any such person to comply with any such condition shall be an offence against these regulations.

**REGULATION 10.—GENERAL**

(1) The sexton shall take all reasonable steps to satisfy himself that the remains of any person presented to him for cremation are those referred to in the authority in Form E delivered to him in relation thereto, and for that purpose may require the unsealing of any coffin or casket, and the delivery to him of a statutory declaration of identity, or other evidence.

(2) The trustees may make with the Medical Referee such arrangements for his remuneration as they may from time to time think fit.

(3) Any of the requirements of these regulations may be temporarily suspended or modified in any place during an epidemic or for other sufficient reason by written permission of the Minister given on the application of the trustees, and subject to such conditions as may be set out in the said permission.

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## SCHEDULES

## FIRST SCHEDULE

## FORM A

## THE CREMATION REGULATIONS 1939

*Application for Cremation (and Certificate)*

Consecutive number (To be inserted on receipt of application)

I, [Name of applicant], [Address], [Occupation], apply to the trustees of the ..... Cemetery (or as the case may be) to undertake the cremation of the remains of [Name of deceased], [Address], [Occupation], [Age], [Sex], [Whether married, widow, widower, or unmarried].

The true answers to the questions set out below are as follows:—

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 by an executor or any nearer relative : .....
3. Did the deceased leave any written direction as to the mode of disposal of his (or her) remains; and, if so, what ? .....
4. Have the near relatives of the deceased been informed of the proposed cremation ? .....

(The term "near relative" as here used includes widow, widower, parents, children above the age of sixteen, and other relative usually residing with the deceased.)

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 deceased died ? [Give address, and say whether own residence, lodgings, hotel, hospital, nursing-home, &c.] .....
8. Do you know or 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 : .....  
(d) Illegal operation : .....
9. Do you know any reason whatever for supposing that an examination of the remains of the deceased may be desirable ? .....
10. Give name and address of the ordinary medical attendant of the deceased : .....
11. Give names and addresses of all the medical practitioners who attended deceased during his (or her) last illness : .....
12. Who were the persons, if any, present at the time of death ? .....

(The deceased was a member of the religious denomination known as ....., and the tenets of the said denomination require the burning of the body to be carried out as a religious rite, otherwise than in a crematorium.)

I hereby certify, with a view to procuring the cremation of the remains of the above-named deceased, that all the particulars stated above are true, and that to the best of my knowledge and belief no material particular has been omitted.

Signed at ....., this ..... day of .....

*Signature* : .....

Witness to signature—

Name : .....  
Occupation : .....  
Address : .....

## FORM B

## THE CREMATION REGULATIONS 1939

*Certificate of Medical Attendant*

I AM informed that application is about to be made for the cremation of the remains of [*Name of deceased*], [*Address*], [*Occupation*].

Having attended the deceased before, and seen and identified 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, lodgings, hotel, hospital, nursing-home, &c.*]
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? [*State how many weeks, months, or years.*]
6. Did you attend the deceased during his (or her) last illness; if so, for how long? [*State how many hours, days, weeks, or months.*]
7. When did you last see the deceased alive? [*Say how many hours or days before death.*]
8. How soon after death did you see the body, and what steps did you take to satisfy yourself as to the fact of death and to establish the identity of the deceased person?.....

Period elapsing between onset of each condition and death [*years, months, or days*].

9. What were the causes of death—
  - (a) Immediate cause—the disease, injury, or complication which caused death?.....
  - (b) Morbid conditions (if any) giving rise to the immediate cause (place the conditions in chronological order beginning with the most recent)?.....
  - (c) Other conditions (if any) contributing to death—pregnancy, parturition, over-exertion, dangerous occupation?.....

State how far your answers as to the causes of death and the duration of such causes are founded on your own observations or on statements made by others. If on statements made by others, give their names and their relation to the deceased:.....

10. What was the mode of death? [*Say whether syncope, coma, exhaustion, convulsions, &c.*]
 

What was its duration? [*State number of days, hours, or minutes; and state how far your answer as to the mode of death is founded on your own observations or on statements made by others. If on statements made by others, give their names and their relation to the deceased.*]
11. Did the deceased undergo any operation during the final illness or within a year before death; if so, what was its nature, and who performed it?.....
12. By whom was the deceased nursed during his (or her) last illness? [*Give names, and say whether professional nurse, relative, &c. If the illness was a long one, this question should be answered with reference to the period of four weeks before death.*]
13. Was the deceased attended during his (or her) last illness by any medical attendant besides yourself?.....
14. In view of the knowledge of the deceased's habits and constitution, do you feel any doubt whatever as to the character of the disease or the cause of death?.....
15. Do you know, or 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:.....
  - (d) Illegal operation:.....
16. Have you any reason whatever to suppose a further examination of the body to be desirable?.....

17. Have you given the certificate required for the registration of death?.....

I hereby certify that the answers given above are true and accurate to the best of my knowledge and belief, and that there is no circumstance known to me which can give rise to any suspicion that the death was due wholly or in part to any other cause than disease [accident] or which makes it desirable that the body should not be cremated.

*Signature* :.....  
*Address* :.....  
*Registered Qualifications* :.....  
*Date* :.....

NOTE.—This certificate must be handed or sent in a closed envelope by the medical practitioner who signs it to a Medical Referee.

#### FORM C

##### THE CREMATION REGULATIONS 1939

###### *Certificate after Post-mortem Examination*

I HEREBY certify that, acting on the instructions of\* ....., Medical Referee (Coroner) under the Cremation Regulations 1939. I made a post-mortem examination of the remains of [*Name*], [*Address*], [*Occupation*].

The result of the examination is as follows:—

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

*Signature* :.....  
*Address* :.....  
*Date* :.....  
*Registered Qualifications* :.....

\* Where the Medical Referee himself gives the certificate, strike out the words "on the instructions of" and insert "as".

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

#### FORM D

##### THE CREMATION REGULATIONS 1939

###### *Coroner's Certificate*

I CERTIFY that I held an inquest on the body of ..... and that the finding was as follows:—

Medical evidence was given by ..... I am satisfied from the evidence that the cause of death was ....., and that no circumstance exists which could render necessary any further examination of the remains or any analysis of any part of the body.

*Date* :.....

*Signature of Coroner* :.....

#### FORM Da

##### THE CREMATION REGULATIONS 1939

###### *Coroner's Certificate*

I HEREBY certify that I intend to hold an inquest [I have opened an inquest which has not yet been completed] upon the body of ....., and that I am satisfied from the certificate of ..... that the cause of death was ....., and that no circumstances exist that could render necessary any further examination of the remains or any analysis of any part of the body, wherefore I hereby assent to the cremation of the said body.

*Date* :.....

*Signature of Coroner* :.....

FORM E

THE CREMATION REGULATIONS 1939

Authority to Cremate

WHEREAS application has been made for the cremation of the remains of [Name], [Address], [Occupation]:

And whereas I have satisfied myself that all the requirements of the Cemeteries Act, 1908, and the Cremation Regulations 1939 have been complied with, that the cause of death has been definitely ascertained, and that there exists no reason for any further inquiry or examination :

Now, therefore, I hereby authorize the sexton of the crematorium at ..... to cremate the said remains.

Signature : .....

Medical Referee [or Medical Officer of Health or trustees] duly authorized under the Cremation Regulations 1939.

Date : .....

NOTE.—This authority should be signed in duplicate ; one copy to be retained with the application papers and the other sent by the Medical Referee to the sexton of the crematorium. The Medical Referee should attach to the application papers a statement of any special inquiries which he may have seen fit to make before issuing the authority to cremate.

In the case of a still-born child, in the place of the name, address, and occupation, insert a description sufficient to identify the body, and in place of the words " that the cause of death has been definitely ascertained ", insert the words " that the child was still-born ".

FORM F

THE CREMATION REGULATIONS 1939

Authority to Cremate elsewhere than in an Approved Crematorium

WHEREAS application has been made for the cremation of the remains of [Name], [Address], [Occupation]:

And whereas I have satisfied myself that all the requirements of the Cemeteries Act, 1908, and the Cremation Regulations 1939 have been complied with, that the cause of death has been definitely ascertained, and that there exists no reason for any further inquiry or examination :

And whereas it has been represented to me that the said deceased belonged to a religious denomination whose tenets require the burning of the body to be carried out as a religious rite otherwise than in a crematorium :

Now, therefore, I hereby authorize the remains of the said deceased to be cremated at ....., subject to the following conditions : .....

Date : .....

Signature : .....

Medical Officer of Health.

NOTE.—This authority should be signed in duplicate ; one copy to be retained with application papers and the other delivered to the person or persons signing the application.

FORM G

THE CREMATION REGULATIONS 1939

Register of Cremations in ..... Crematorium

CONSECUTIVE number of application for cremation : .....

Name of deceased : .....

Sex : ..... Age : .....

Date of death : .....

Place of death : .....

Date of Medical Referee's certificate : .....

Date of cremation : .....

Method of disposal of ashes : .....

Date of disposal of ashes : .....

Signature of person receiving ashes : .....

Ground of recipient's claim. [I.e., Applicant for cremation ; relative of deceased—relationship to be stated, &c.]

## SECOND SCHEDULE

CITIES OR BOROUGHS OR PLACES IN WHICH ADDITIONAL MEDICAL REFEREES AND DEPUTY MEDICAL REFEREES MAY BE APPOINTED.

Invercargill City.	New Plymouth Borough.
Nelson City.	Pukekohe Borough.
Palmerston North City.	Rotorua Borough.
Wanganui City.	Taumarunui Borough.
Blenheim Borough.	[Tauranga Borough.]
Gisborne Borough.	Timaru Borough.
Greymouth Borough.	Whangarei Borough.
Hamilton Borough.	That area comprising the Boroughs of
Helensville Borough.	Lower Hutt and Petone.
Levin Borough.	That area comprising the Boroughs of
Masterton Borough.	Devonport, Takapuna, Northcote, and
Napier Borough.	Birkenhead.

The Second Schedule was amended by inserting next following the words "Taumarunui Borough" the words "Tauranga Borough" by the Cremation Regulations 1939, Amendment No. 2 (Serial number 1949/108).

C. A. JEFFERY,  
Clerk of the Executive Council.

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*Certified for the purposes of section 7 of the Regulations Act, 1936, this 11th day of August, 1949.*

H. G. R. MASON,  
*Attorney-General.*

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Issued under the authority of the Regulations Act, 1936.  
Date of notification of principal regulations in *Gazette*: 26th day of October, 1939.  
These regulations are administered in the Department of Health.