



NEW ZEALAND
EMBALMERS ASSOCIATION
INCORPORATED

THE CREMATIONS REGULATIONS, 1973

Amendment 1

Certificate in relation to Pacemakers and other Biomechanical Aids

I HEREBY certify that I have examined the body of the late:

FULL NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____ DATE OF DEATH: _____

Please select from the following:

- I have removed from the body a Cardiac Pacemaker / Implantable Cardio Defibrillator
- There is no Cardiac Pacemaker or Implantable Cardio Defibrillator present

SIGNATURE _____

Name _____

Address _____ Date _____

Certified Reg. Embalmer: YES/NO

Qualification: _____ If yes Membership Number: _____