

APPLICATION FOR CREMATION

"The Cremation Regulations 1973"

FORM A

I, (Full Name of Applicant) _____

Address _____

Occupation _____

Apply to the crematorium authority to undertake the cremation of the body of:

Full Name of Deceased _____

Address _____

Occupation _____ Age _____ Sex *Male* *Female*

Whether married, widow, widower, de facto or civil union relationship or unmarried _____

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

1. Are you an executor of the deceased? Yes No

2. Are you a relative of the deceased? Yes No

If so, state the relationship _____

If you are not an executor or a near relative*, state why this application is being made by you

3. Have the near relatives* of the deceased been informed of the proposed cremation? Yes No

4. If the application is not made by an executor is there an executor of the deceased? Yes No

If there is an executor has this person been informed of the proposed cremation? Yes No

5. To the best of your knowledge has any near relative or executor of the deceased expressed any objection to the proposed cremation? If so on what grounds? _____

6. What, to the best of your knowledge and belief, was the date and hour of death of the deceased?

Date _____ Hour _____

7. Where did the deceased die? (Give address, and say whether own residence, lodgings, hotel, hospital, nursing home, etc.) _____

8. Do you know or have you any reason to suspect that the death of the deceased was due, directly or indirectly to:

Violence Poison Privation or neglect Illegal operation

9. Do you know of any reason whatever for supposing that an examination of the body of the deceased may be desirable? Yes No

9.a Do you know or have you any reason to suspect that the body of the deceased contains a cardiac pacemaker or other biomechanical aid? Yes No

10. Give the name and address of the ordinary medical attendant of the deceased

11. Give names and addresses of all the medical practitioners who attended the deceased during his (or her) last illness _____

12. Who were the person (if any) present at the time of Death?

13. Was the deceased a member of a religious denomination whose tenets require the burning of the body to be carried out as a religious rite elsewhere than an approved crematorium? If so, give the name by which at religious denomination is known Yes No

I hereby certify, with a view to procuring the cremation of the body 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 particulars has been omitted.

Date _____ Signature of Applicant _____

Witness to Signature of Applicant _____

Name _____ Occupation _____

Address _____

*NOTE: The term 'near relative' as used in this form, means the wife or husband of the deceased, a parent of the deceased, or a child of the deceased who is of or over the age of 16 years; and includes any other relative of the deceased who usually resides with him or her.

**“The Cremation Regulations 1973”
REGISTER OF CREMATION**

FORM H

Reg 9(1)

CONSECUTIVE NO of Application for creation _____

Full Name of Deceased _____

Sex _____ Age _____ Religion _____

Place of Death _____

Date of Death _____

Date of Medical Referee's Permission or other Authority _____

Date of Cremation _____ Time _____

Method of Disposal of Ashes _____

Name of Person Receiving Ashes _____

Signature of Person Receiving Ashes _____ Date _____