

FORM A (The Cremation Regulations 1973) APPLICATION FOR CREMATION

Consecutive Number (to be inserted on receipt of application):

I, [Full name of applicant]: _____

Address: _____

Occupation: _____

apply to the crematorium authority of the Crematorium
to undertake the cremation of the body of:

Full name of the deceased: _____

Address: _____

Occupation: _____

Age: _____ Sex: MALE / FEMALE

Relationship status*: married / in a civil union / in a de facto relationship / never married

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 and not by an executor or a near relative*:

- 3. Have the near relatives* of the deceased been informed of the proposed cremation? YES / NO

- 4. If this application is not made by an Executor, is there an Executor of the deceased? YES / NO
- If there is an Executor, has he or she been informed of the proposed cremation? YES / NO

- 5. To the best of your knowledge and belief, has any near relative or Executor of the deceased expressed any objection to the proposed cremation? YES / NO

If so, on what ground?

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

Date: _____ Hour: _____

- 7. Where did the deceased die?

Address: _____

Was this a residence / lodgings / hotel / hospital / nursing home or other

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

Violence:	YES / NO	Poison:	YES / NO
Privation or neglect:	YES / NO	Illegal operation:	YES / NO

9. Do you know any reason whatsoever for supposing that an examination of the body of the deceased may be desirable? YES / NO

9A. Do you know or have any reason to suspect that the body contains a cardiac pacemaker or other battery-powered biomechanical aid? YES / NO

10. Give the names and addresses of the ordinary medical attendant of the deceased:

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

12. Who were the persons (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 in an approved crematorium?

YES / NO

If so, give the name by which that religious denomination is known:

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 particular has been omitted.

Date: _____

Signature: _____

Witness to the signature:

Signature: _____

Name: _____

Occupation: _____

Address: _____

**Note: the term "near relative" as used in this form means:*

- a) the spouse, civil union partner, or de facto partner of the deceased, but only if that person was living together with the deceased immediately before the death; and*
- b) a parent of the deceased; and*
- c) any child of the deceased who is aged 16 years or over; and*
- d) any other relative of the deceased who usually resided with him or her*