



Application for Cremation

FORM A
The Cremation Regulations 1973

Cremation No:

[Council Officer to complete]

Application Details

I, (Full name of applicant)

Address

Occupation

apply to the Tauranga City Council as the crematorium authority of the Pyes Pa Memorial Park Crematorium, Tauranga to undertake the cremation of the body of:

Full name of deceased

Last known address

Occupation

Age

Sex

Relationship status

[Married, Widow, Widower, De Facto, Civil Union, 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 the application is not made by an executor, is there an executor of the deceased? Yes No

If there is an executor, has s/he 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 grounds?

6. What, to the best of your knowledge and belief, was the date and hour of the 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 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 supporting that an examination of the body of the deceased may be desirable? Yes No

Do you know or have 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

Name

Address

11. Give the names and addresses of all the medical practitioners who attended the deceased during his/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:

*** 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 the spouse, civil union partner, or de facto partner was living together with the deceased immediately before his/her death; and (b) a parent of the deceased; (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/her.**

Certification of Applicant

I have been advised of the list of items prohibited for cremation and agree to make sure none of these items are included in the casket, or they can be easily removed prior to cremation.

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.

Signature

Date

Witness Signature

Witness Name

Witness Occupation

Witness Address

Authorisation of Funeral Director

I have authorised the following Funeral Director to act on my behalf in relation to this cremation:

Authority for Disposal of Ashes [Regulation 8 Cremation Regulations 1973]

a. Handed to the Funeral Director Yes No

b. Picked up by Relationship to the deceased

c. Buried in Cemetery

Section Row Plot

d. Delivered by courier to

e. Held pending further investigations (maximum period - 14 days)

f. I desire an entry in the Book of Remembrance Yes No (If yes, sign here)

Signature of applicant for Cremation:

Date