

APPLICATION FOR CREMATION

FORM A

The Cremation Regulations 1973 Reg. 5(1) and (4)

Consecutive number: _____
(Cremation Registrar to complete)

APPLICANT'S DETAILS:

Full Name of Applicant: First _____ Surname _____

Address: _____

Occupation: _____ Email: _____

Phone: _____ Mobile: _____

DECEASED DETAILS:

I (the above named Applicant) apply to the crematorium authority of the Nelson City Council Crematorium to undertake the cremation of the body of:

Full Name of Deceased: First _____ Surname _____

Address: _____

Occupation: _____ Age: _____ Gender: _____

Relationship Status of Deceased: _____

(i.e., whether the deceased was or had been married, in a civil union, or in a de facto relationship; or was the surviving spouse or partner of a marriage, civil union, or de facto relationship; or had never been married, in a civil union, or in a de facto relationship)

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 he/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? _____

*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 or her 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.

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

Date: ____ / ____ / ____

Hour: _____ am/pm

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:

- a. violence: Yes No b. poison: Yes No
c. privation or neglect: Yes No d. illegal operation: Yes No

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

- 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:

Name: First Surname

Address: _____

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

Name 1: First Surname

Address 1: _____

Name 2: First Surname

Address 2: _____

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: _____

DECLARATION:

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.

Applicant's Signature: _____ Date: ____ / ____ / ____

Signature of Witness: _____

Witness Name: First Surname

Witness Address: _____

Witness Occupation: _____

Preferred date for cremation _____ / _____ / _____
We would like to use the chapel (please circle option)
No Committal only Service
<i>(Please note that while Nelson Crematorium Authority will make every effort to meet your preferred date, if this is not possible, we will need to contact you to discuss an alternative arrangement. Fees & Charges available on demand or on our website.)</i>