

Application for Cremation



Form A Cremation Regulations 1973 Reg 5(1),(4)

Consecutive cremation number: _____

APPLICATION FOR CREMATION AT:

Manukau Memorial Gardens North Shore Memorial Park Waikumete Cemetery

APPLICANT'S DETAILS:

Mr Mrs Ms Miss

Surname: _____ Forename/s: _____

Address: _____

Occupation: _____ Email: _____

Phone: _____ Mobile: _____

DECEASED'S DETAILS:

I apply to the crematorium authority of the above selected crematorium to undertake the cremation of the body of:

Mr Mrs Ms Miss Gender: Male Female

Surname: _____ Forename/s: _____

Address: _____

Occupation: _____ Age: _____

Relationship status

- was or had the deceased been married, in a civil union, or in a de facto relationship; or
 was the deceased a surviving spouse or partner of a marriage, civil union, or de facto relationship; or
 had the deceased 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 this 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 yes, on what grounds: _____

6. To the best of your knowledge and belief, what was the date and hour of the deceased's death?

Date of death: _____ Hour of death: _____

7. Where did the deceased die? Provide the address and say whether own residence, lodgings, hotel, hospital, nursing home, etc:

8. Do you know 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?

9a. Do you know or have any reason to suspect that the body of the deceased contains a cardiac pacemaker or other biomechanical device?

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 medical practitioners who attended the deceased during his (or her) final illness:

Name: _____

Address: _____

Name: _____

Address: _____

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 an approved crematorium? Yes No

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

DECLARATION

I hereby certify, the casket does not contain any materials i.e. glass, metal etc, (contact the cemetery office for further clarification if required). I also certify with a view to procuring the cremation of the body of the above-named deceased, that all the particulars stated in this document are true and that to the best of my knowledge and belief, no particular information has been omitted.

Applicant signature: _____ Date: _____

WITNESS:

Signature: _____ Name: _____

Address: _____

Occupation: _____

* 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; 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/her