

CREMATION REGULATIONS 1973

APPLICATION FOR CREMATION AT:

☐ AUCKLAND COUNCIL – MANUKAU
☐ MANGERE LAWN CEMETERY

☐ AUCKLAND COUNCIL – NORTH SHORE
☐ PUREWA CEMETERY

☐ AUCKLAND COUNCIL – WAIKUMETE

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

☐ M

☐ F

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? ☐ Yes ☐ No

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

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/her last illness

12. Who were the person/s (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.