

CREMATION ACT 1929

Cremation Regulations 1954

Form 6

(Reg. 11)

Application for Permit to Cremate

| | | |
|---|--|--|
| Applicant | Name _____ | |
| | Address _____ | |
| Deceased <i>(*"Nearest surviving relative" is explained at the end of this form.)</i> | Name _____ | |
| | Address _____ | |
| | Date of birth / / | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| | Marital status _____ | |
| | Occupation _____ | |
| | Nearest surviving relative* (if known) | |
| | Name _____ | |
| | Relationship _____ | |
| | Usual doctor | |
| | Name _____ | |
| | | Address _____ |
| | | Doctor(s) who attended deceased during his or her last illness |
| | | Name _____ |
| | | Address _____ |
| Instructions from deceased | Did the deceased leave any written directions about how his or her remains were to be dealt with? | |
| | <input type="checkbox"/> No | |
| | <input type="checkbox"/> Yes. Give details _____ | |
| | _____ | |
| Objections | Do you know of anyone who objects to the deceased's remains being cremated? | |
| | <input type="checkbox"/> No | |
| | <input type="checkbox"/> Yes. Give details of that person: | |
| | Name _____ | |
| | Relationship to deceased _____ | |
| | Address _____ | |
| Coroner | Has the Coroner conducted an investigation or inquest into the deceased's death? | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | |
| Applicant's relationship to deceased <i>(*"Nearest surviving relative" is explained at the end of this form.)</i> | <input type="checkbox"/> Administrator of the deceased | |
| | <input type="checkbox"/> Nearest surviving relative* of the deceased | |
| | <input type="checkbox"/> Other _____ | |
| | If you are not the Administrator, why are you making the application instead of the Administrator? | |
| | _____ | |

