Application for cremation
THE CREMATION REGULATIONS 1973

FORM A Reg. 5(1) & (4)

I, full name of applicant

Address

Occupation

apply to the Whakatane District Council to undertake the cremation of the body of:

Full name of deceased

Address

Occupation

Age

Sex

Relationship status of the deceased:

Was or had been:  □ Married  □ Civil Union  □ De Facto

Never:  □ Married  □ Civil Union  □ De Facto

The true answers to the questions set out below are as follows:

(1) Are you the executor of the deceased?  Yes / No

(2) Are you a relative* of the deceased? If so, state the relationship

If you are not an executor or near relative* state why is 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 applicant is not made by an executor, is there an executor of the deceased?

If there is an executor, have they 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?  If so, on what grounds?  Yes / No

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

Date:  ____________________________  Hour:  ____________________________

Where did the deceased die? (Give address, and say whether own residence, lodgings, hotel, hospital, nursing-home, etc.)

(7) Do you know or have any reason to suspect that the death of the deceased was due to:

(a) Violence:  Yes / No  
(b) Poison:  Yes / No  
(c) Privation or neglect:  Yes / No  
(d) Illegal operation:  Yes / No

(8) Do you know of any reason whatsoever for supposing that an examination of the body of the deceased may be desirable?  Yes / No

(9) 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 usual medical attendant of the deceased:

(11) Give the names and addresses of all the medical practitioners who attended the deceased during their 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?

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

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:  ____________________________

Witness to signature:  ____________________________  Name:  ____________________________

Occupation:  ____________________________  Address:  ____________________________