

# 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

Full name of applicant: \_\_\_\_\_

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

Full name of deceased: \_\_\_\_\_

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    Yes    No

deceased expressed any objection to the proposed cremation?

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.

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

Full 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, bulk metals, combustible, explosive, PVC's or bulk plastics, (contact Auckland Council 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.

### CASKET DETAILS:

Casket lid size:              Length:                              x Width:                              x Height:                              Weight:                              kg

Applicant signature: \_\_\_\_\_

Date: \_\_\_\_\_

### WITNESS:

Signature: \_\_\_\_\_

Full 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

### PRIVACY STATEMENT:

The personal information that you provide in this form will be held and protected by Auckland Council in accordance with our privacy policy (available at [aucklandcouncil.govt.nz/privacy](http://aucklandcouncil.govt.nz/privacy) and at our libraries and service centres) and with the Privacy Act 1993. Our privacy policy explains how we may use and share your personal information in relation to any interaction you have with the council, and how you can access and correct that information. We recommend you familiarise yourself with this policy.