

Application for Permission for Cremation

(Other than Still-Born Children) with statutory declaration



Public Health Regulation, 2022 Section 104(1)

(This form should be completed by an executor of the estate of the deceased, or nearest surviving relative of the deceased, or other proper person, and all questions must be fully answered)

I, _____, of _____ Postcode _____
 (Full name of applicant) (Applicant's address)

Age _____ hereby apply for permission to cremate the remains of the late _____
 (Name of deceased)

of _____ (Last address of deceased)

at the _____ Crematorium _____
 (Name of crematorium) (Location of crematorium)

State the deceased's: i) Marital Status: _____ ii) Age: _____ iii) Sex: _____
 (Married, de facto widow, widower, never married)

(iv) Occupation: _____

1. (a) Are you the nearest surviving relative of the deceased? If so, state relationship _____

(b) Are you an executor of the deceased's estate? _____

(c) If neither an executor nor nearest surviving relative, state **EITHER**

(i) relationship to deceased _____

(ii) reason(s) why this application is being made by you _____

(iii) written authority for making this application _____ **OR**

Complete the following statement:

I have been requested by _____ the deceased's _____
 (Relationship to deceased)

and his/her next of kin, to make this application of cremation and I am fully aware of the information contained herein.

(c) (i) Have all near relatives of the deceased been informed of the proposed cremation? _____

(ii) Has any near relative of the deceased expressed any objection to the cremation? _____

If so, state the reasons for objection _____

2. (a) Did the deceased leave any written directions as to mode of disposal of the remains of the deceased? Yes No

(b) If yes, what directions? _____

(c) Are you satisfied that the directions of the deceased were made in a state of sound mind? Yes No

3. When did the deceased die? (State date and time of death) _____

4. Where did the death occur? (State address and location, i.e. own residence, hospital, nursing home, hotel, etc) _____

5. Do you know, or have you any reason to suspect, that the death of the deceased was due, directly, or indirectly, to:

- | | | | |
|---------------------|----------------|-------------------------------|---------------------------|
| (a) Violence Y/N | (b) Poison Y/N | (c) Abuse or neglect Y/N | (d) Drowning Y/N |
| (e) Suffocation Y/N | (f) Burns Y/N | (g) During custodial care Y/N | (h) Illegal Operation Y/N |

6. Have you any reason whatever for supposing that an examination of the remains of the deceased may be desirable/required by law? Yes No
7. Give the name and address of the usual attending medical practitioner of the deceased
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8. Give the names and addresses of the medical practitioners who attended the deceased's last illness
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9. Give the name of the Registry Office where the death has been, or is to be, registered _____
10. (a) Was any battery powered device E.g. pacemaker, attached to or present in the body of the deceased? Yes No Not aware
- If yes, what kind of device? _____
- (b) Has it been removed? Yes No _____
- (c) If not, do you give permission for removal by an appropriately qualified person? Yes No Not aware
(If device is present, crematory authorities may decline to cremate the deceased as battery powered devices may explode during cremation)
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11. Has the deceased person ever received any radiopharmaceuticals or radioactive compounds? these are generally used for diagnostic and therapeutic purposes by many medical specialties.
- Yes No Not aware _____

I hereby certify that all particulars stated above are true and accurate, and that to the best of my knowledge and belief no particular material has been omitted; I therefore make this solemn declaration conscientiously believing the same to be true and by virtue of the *Oaths Act 1900*. I am aware that the deceased may not be cremated on the day of the service at the crematorium.

Declared at _____ (Place) on _____ (Date)

#Signature _____ (Applicant) in the presence of an authorised witness, who states:

I, _____, a _____,
(Name of authorised witness) (Qualification of authorised witness)

certify the following matters concerning the making of this statutory declaration by the person who made it:

I saw the face of the person **OR**

I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person had a special justification for not removing the covering.

AND

I have known the person for at least 12 months **OR**

I have not known the person for at least 12 months, but I have confirmed the person's identity using an identification document and the document I relied on was _____

(Describe identification document relied on)

Signature of authorised witness: _____ Date: _____

#This declaration must be signed in the presence of an authorised witness. A list of people who can be witnesses is set out in *Schedule 2* to the [Statutory Declaration Regulations 2018](#).