



CREMATION ACT 1929

Cremation Regulations 1954

Form 6

(Reg. 11)

Application for Permit to Cremate	
Applicant	<p>Name</p> <hr/> <p>Address</p>
Deceased <i>(*Nearest surviving relative* is explained at the end of this form.)</i>	<p>Name</p> <hr/> <p>Address</p>
	<p>Date of birth / / Male/ Female/ Unspecified</p>
	<p>Marital status</p>
	<p>Occupation</p>
	<p>Nearest surviving relative* (if known)</p> <p style="margin-left: 20px;">Name</p> <p style="margin-left: 20px;">Relationship</p>
	<p>Usual doctor</p> <p style="margin-left: 20px;">Name</p> <p style="margin-left: 20px;">Address</p>
	<p>Doctor who attended deceased during his or her last illness</p> <p style="margin-left: 20px;">Name</p> <p style="margin-left: 20px;">Address</p>
	<p>Instructions from deceased</p>
<p>Objections</p>	<p>Do you know of anyone who objects to the deceased's remains being cremated?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Give details of that person</p> <p style="margin-left: 20px;">Name</p> <p style="margin-left: 20px;">Relationship to deceased</p> <p style="margin-left: 20px;">Address</p>
<p>Coroner</p>	<p>Has the Coroner conducted an investigation or inquest into the deceased's death?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure</p>
<p>Applicant's relationship to deceased</p> <p><i>(*Nearest surviving relative* is explained at the end of this form.)</i></p>	<p><input type="checkbox"/> Administrator of the deceased</p> <p><input type="checkbox"/> Nearest surviving relative* of the deceased</p> <p><input type="checkbox"/> Other</p>

Details of death	Date / /20	Time a.m./p.m.
	Place where deceased died <input type="checkbox"/> Home Address <input type="checkbox"/> Hospital Address <input type="checkbox"/> Other Address	
	Do you know, or have reason to suspect, that the deceased's death was directly or indirectly due to any of the following? (<i>tick if yes</i>) <input type="checkbox"/> violence <input type="checkbox"/> drowning <input type="checkbox"/> poison <input type="checkbox"/> suffocation <input type="checkbox"/> privation or neglect <input type="checkbox"/> burns <input type="checkbox"/> medical procedure Do you have any reason to suppose that an examination of the deceased's remains may be desirable? <input type="checkbox"/> No <input type="checkbox"/> Yes. Give details	
Other applications	Have you, or anyone else that you know of, previously applied for a permit to cremate the deceased's remains? <input type="checkbox"/> No <input type="checkbox"/> Yes. Give details of previous application Made by Date / / 20 Medical Referee to whom it was made	
Signature of applicant	Signature Date / /20	
Statutory declaration <i>(This section not to be completed by administrator)</i>	I, [name, address and occupation of person making the declaration] sincerely declare as follows - That I make this application instead of an administrator because [give reasons] This declaration is true and I know that is an offence to make a declaration knowing that it is false in a material particular. This declaration is made under the <i>Oaths, Affidavits and Statutory Declarations Act 2005</i> at [place] on [date] by [Signature of person making the declaration] in the presence of [Signature of witness authorised under the Oaths, Affidavits and Statutory Declarations Act 2005] [Name of authorised witness and qualifications as such a witness]	
Medical referee <i>(For office use only)</i>	Permit No. Date / / 20 Medical Referee Signature Name	
<p>*The nearest surviving relative of a deceased person is the first person who is available from the following persons in the order of priority listed –</p> <p>(a) a person who, immediately before the death, was living as – (i) the spouse of the deceased; or (ii) a de facto partner of the deceased and who is at least 18 years of age;</p> <p>(b) a person who, immediately before the death, was the spouse of the deceased;</p> <p>(c) a son or daughter of the deceased who is at least 18 years of age;</p> <p>(d) a parent of the deceased;</p> <p>(e) a brother or sister of the deceased who is at least 18 years of age.</p>		