

Application for cremation

Applicant

I (full name of the applicant) _____

Address _____

Occupation _____

apply to the Wellington City Council as the controlling authority of the _____ Crematorium
 to undertake the cremation of the body of: _____

Full name of deceased _____

Address _____

Occupation _____

Age _____ Sex _____

Married Widow Widower Unmarried

Deceased

1. Are you an executor of the deceased? yes no

2. Are you a relative of the deceased? yes no

If yes, 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?

4. If the 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 relation or executor of the deceased expressed any objection to the proposed cremation? yes no

If so, on what ground? _____

*Note— The term 'near relative' as used in this form, means the wife or husband of the deceased, a parent of the deceased, or a child of the deceased who is of, or over the age of 16 years; and includes any other relative of the deceased who usually resides with them.

Deceased continued...

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

date _____ hour _____

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

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

Violence Poison Privation or Neglect Illegal operation

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 aid?

10. Give the name and address of the ordinary medical attendant of the deceased:

11. Give names and addresses of all the medical practioners who attended the deceased during his or her 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? yes no

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

Sign

I hererby 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.

Date _____ Signature _____

Witness to signature _____

Name _____

Occupation _____

Address _____