Application for cremation authorisation for deceased persons of known identity

Form 3 (Regulation 18, Schedule 1)

Cemeteries and Crematoria Act 2003 Cemeteries and Crematoria Regulations 2015

This form must always be accompanied by a 'Certificate of registered medical practitioner authorising cremation' (Form 4) unless the application relates to one of the following, in which case the Form 4 is not required:

- the cremation of a still-born child (please check the 'Medical Certificate of Cause of Perinatal Death' form to confirm whether the application relates to a still-born child)
- where an order has been made by a Coroner under section 47 of the Coroners Act 2008
- a deceased person who died interstate or overseas and for whom an authority to cremate has been issued by the Coroner or other person permitted by the law of the jurisdiction where they died to authorise the cremation.

Please complete in block letters

Name of crematorium at which cremation is to take place:

Details of deceased	OFFICE USE ONLY				
Title: Given nam	es:	Ref no:			
Surname:		Check no:			
Sex: 🗌 Male 🛛 Female	Age:	Document check:			
Date of birth: / /	Date of death: / /	Coroner/Doc. cert/other:			
Last known permanent address:					
Suburb/town:	State:	Post code:			
Religion, if any (please note th	is field is optional):				

Did the deceased have a spouse or domestic partner at the time of the deceased's death?
Yes No

Applicant for cremation authorisation

Please note it is important that you advise the cemetery trust of any changes to your contact details as the cemetery trust will use these details to contact you about the cremated remains in the future.

Title:	Given names:	Surname:		
Address:				
Suburb/town:		State:	Post code:	
Telephone	Home:	Work:	Mobile:	
Email:				



Cremated remains

Following cremation, the cremated remains are to be:

🗌 Memoriali	ised at:				
Collected by:					
Held at cr	ematorium for up to 12 mc	onths after the cremation:			
Other [<i>ple</i>	ease specify]:				
cremation. Fo way that it co	ollowing the expiry of the a	quired to hold the cremated remains for 12 month period, the cemetery may dis	pose of the cremated remains in any		
If you would	like to nominate an agent	to collect the cremated remains provid	e the following details:		
Agent deta	ails				
Title:	Given names:	Surname:			
Address:					
Suburb/town:	:	State:	Post code:		
Telephone	Home:	Work:	Mobile:		
Email:					
Matters relating to the cremation					
Service type: Service both ends meet at cemetery no attendance					
Location:					
Date of cremation: / / Time:					
Special servi	ce requirements:	7			
Other remark	(S:				

Statement by funeral director

This section should be filled out by the funeral director or the person who is otherwise arranging for the cremation of the human remains.

Removal of pacemaker or other battery-powered device from the deceased is not required.

□ I have arranged for any pacemaker or other battery-powered device referred to on the 'Medical certificate of cause of death' to be removed from the deceased as required by the relevant cemetery trust.

Statement by funeral director (continued)

Company name (if applicable):			Company stamp
Title:	Given names:		_
Surname:			_
Address:			
Suburb/town:		State:	Post code:
Telephone	Home:	Work:	Mobile:
Email:			
Signature of fu	neral director:		Date: / /

Warning

Under section 132 of the *Cemeteries and Crematoria Act 2003* it is an offence to make a false statement in an application for a cremation authorisation, punishable by a fine of up to 600 penalty units or 5 years imprisonment or both.

I have read and understood all the information in this application.

Signature of applicant:

Date: / /

Privacy statement

If you wish to receive information about memorialisation goods and services please check this box

Any personal information you provide in your application will be treated in accordance with the principles set out in the *Privacy and Data Protection Act 2014*. You may request access to the information we hold about you and you may request its correction if necessary.

The information you provide is required to enable us to process your application and inform you of matters concerning it. We also need the information to perform our functions, comply with our obligations and exercise our rights under the *Cemeteries and Crematoria Act 2003*. Except for the information you are required to submit under that legislation, you are not obliged to provide any personal information. However, should you choose not to provide this information, we may not be able to process your application or provide the services for which the information is required.

Under the *Cemeteries and Crematoria Act 2003*, we are also required to keep records containing certain information regarding interments, cremations and rights of interment. Members of the public are entitled to access those records.