

Consecutive nu	mber:

Form A - Application for Cremation

Cremation Amendment Regulations 2018 (LI 2018/47)

I, (j	full name of applicant)						
(ac	ldress)						
(oc	cupation)						
	oly to the crematorium authority of the Hamilton Park Crematorium to undertake the cren						
bo	dy of:						
(fu	ll name of deceased)						
(ac	ldress)						
(oc	cupation)						
(ag	re) (sex)						
(re	lationship status)						
i.e. ma	married, in a civil union, or in a de facto relationship; or was the surviving spouse or partn rriage, civil union, or de facto relationship; or had never been married, in a civil union, or in ationship.	-	cto				
The	e 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 ¹ , state why this application is being made by you and not by an executor or a near relative ¹ :						
3)	** Have the near relatives¹ of the deceased been informed of the proposed cremation?	Yes	No				
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 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 decea	ased exp	ressed				
	any objection to the proposed cremation	Yes	No				
	If so, on what ground?						

¹ The term **near relative** as used in this form, means— 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 or her death; and a parent of the deceased; and any child of the deceased who is aged 16 years or over; and any other relative of the deceased who usually resided with him or her.

6)	** What, to the bes	st of your knowledge and	belief, w	as the dat	te and hour of the death o	f the dec	eased?		
Dat	te:		Но	our:					
7)	Where did the dec nursing-home, etc)	eased die? (<i>Give address</i>	s, and say	whether	own residence, lodgings,	hotel, ho	ospital,		
8)	** Do you know or indirectly, to—				eath of the deceased was				
		(a) Violence:	Yes	No	(b) poison:	Yes	No		
		(c) Privation or neglect	Yes	No	(d) illegal operation?	Yes	No		
9)	Do you know any rebe desirable?	eason whatever for supp	osing tha	t an exam	ination of the body of the	decease Yes	d may No		
9A		ave you any reason to s r biomechanical aid?	suspect t	hat the b	oody of the deceased co	ntains a d Yes	cardiac No		
10)	Give the name and	address of the ordinary	medical p	oractitione	er or nurse practitioner of	the dece	ased:		
11) Give the names and addresses of all the medical practitioners or nurse practitioners who attended the deceased during his (<i>or</i> her) last illness:									
12)	Who were the pers	ons (if any) present at th	e time of	death?					
13)	to be carried out a	a member of a religious s a religious rite elsewhe ne by which that religious	re than in	an appro		ning of th Yes	e body No		
the		bove are true, and that t			y of the above-named dec nowledge and belief no m		nat all		
Dat	te:		Sigr	ature:					
Wit	tness to Signature:								
Nai	me:								
Occ	cupation:								
Ado	dress:								