



**APPLICATION FOR PERMISSION FOR CREMATION (OTHER THAN STILL-BORN CHILDREN) WITH STATUTORY DECLARATION**

PUBLIC HEALTH REGULATION, 2012 Clause 79(1)

(This form should be completed by an executor 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 (i).....

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

(iii) written authority for making this application (iii).....

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.

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

(i).....

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

(ii).....

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?

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

4. Where did the death occur? (State address and location, ie. 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

8. Give the names and addresses of the medical practitioners who attended the deceased's last illness

9. Give the name of the Registry Office where the death has been, or is to be, registered... Sydney, NSW

10. (a) Was any battery powered device 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

(If device is present, crematory authorities may decline to cremate the deceased as battery powered devices may explode during cremation)

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... on ... (Place) (Date)

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

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:

1 \*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

2 \*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 1993.

\*Please cross out any text that does not apply

