

# Application for Cremation

Form A - 5(1), (4) The Cremation Regulations 1973

Consecutive Number (to be inserted on receipt of application) \_\_\_\_\_

APPLICANT DETAILS			
I, (full name of applicant)			
of, (address)			
Occupation			
apply to the crematorium authority of the Hawke's Bay Crematorium (or as the case may be) to undertake the cremation of the body of:			
Full name of deceased			
of, (address)			
Age		Gender	
Relationship status			
The true answers to the questions set out below are as follows (specify).			
1. Are you the executor of the deceased?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
2. Are you a relative of the deceased?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
If so, state the relationship:			
If you are not an executor or near relative, state why this application is being made by you and not by an executor or near relative.			
3. Have the near relatives of the deceased been informed of the proposed cremation?			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
4. If the application is not made by an executor, is there an executor of the deceased?			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
5. To the best of your knowledge and belief, has any near relative or executor of the deceased expressed any objection to the proposed cremation?			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, on what grounds?			
6. What, to the best of your knowledge and belief, was the date and hour of the death of the deceased?			
Date of death		Hour of death	
7. Where did the deceased die? (address, and whether own residence, lodgings, hospital etc)			

8. Do you know or have you any reason to suspect that the death of the deceased was due, directly or indirectly, to:			
a) Violence	<input type="checkbox"/> Yes	<input type="checkbox"/> No	b) Poison
c) Privation or neglect	<input type="checkbox"/> Yes	<input type="checkbox"/> No	d) 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 you any reason to suspect that the body of the deceased contains a cardiac pacemaker or other biomechanical aid?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
10. Give the name and address of the ordinary medical attendant of the deceased.			
Full name			
Address			
11. Give the names and addresses of all the medical practitioners who attended the deceased during his/her last illness.			
Full name			
Address			
Full name			
Address			
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?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, give the name by which that religious denomination is known.			
I hereby 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.			
Signature			Date
Witness signature			Date
Name			Occupation
Address			

The term **near relative** as used in this form, means –

- a) 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
- b) a parent of the deceased; and
- c) 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.