DUNEDIN CREMATORIUM

APPLICATION FOR CREMATIONS

Record No:

I, Full Name of Applicant:

Occupation:

Address:

apply to the Dunedin Crematorium to undertake the cremation of the body of:

Full Name of Deceased:

Occupation:

Address:

Age: Sex:

Whether married, widow, widower, unmarried, in a civil union or in a de facto relationship:

The true answers to the questions set out below are as follows:

1. Are you an executor of the deceased? Yes No

2. a) Are you a relative of the deceased? Yes No

   b) If so, state the relationship:

   c) 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? Yes No

4. a) If the application is not made by an executor is there an executor of the deceased? Yes No

   b) If there is an executor has he or she been informed of the proposed cremation? Yes No

*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

d) any other relative of the deceased who usually resided with him or her.

5. a) To the best of your knowledge and belief has any near relative or executor of the deceased expressed any objection to the proposed cremation?

   b) If so, on what ground?

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

   Date: Hour: am/pm

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 you any reason to suspect, that the death of the deceased was due, directly or indirectly, to:

   a) Violence ○ Yes ○ No b) Poison ○ Yes ○ No

   c) Privation or neglect ○ Yes ○ No d) Illegal operation ○ Yes ○ No

9. Do you know any reason whatever for supposing that an examination of the body of the deceased may be desirable?

   a) 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 the names and addresses of all the medical practitioners 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?

    If so, 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: