

TR#: \_\_\_\_\_

# CREMATION AUTHORITY

## FORM A

### APPLICATION FOR A PERMIT TO CREMATE HUMAN REMAINS

I, .....  
(State Name of Applicant)

of .....  
(State Address of Applicant)

.....  
occupation .....  
(State Occupation of Applicant)

apply to the authorised officer of the ..... Division for  
a permit to cremate on .....  
(Date and Time of Intended Cremation)

at .....  
(State Site of Intended Cremation)

the remains of .....  
(State Name of Deceased)

of .....  
(State Address of Deceased)

Age ..... Sex ..... Marital Status .....

1. Are you an executor or the nearest surviving relative of the deceased?.....
2. If not, state:
  - (a) Your relationship to the deceased .....
  - (b) The reason why the application is made by you and not by an executor or any near relative.....
3. Did the deceased leave any written directions as to the mode of disposal of his or her remains? If so, state directions.....
4. Have the near relatives\* of the deceased, been informed of the proposed cremation? .....
5. Has any near relative of the deceased expressed any objection to the proposed cremation? If so, on what ground? .....
6. What was the date and hour of the death of the deceased? .....
7. What was the place where the deceased died? (Give address and say whether at own residence, lodgings, hotel, hospital, nursing home, etc.) .....

I have no knowledge or reason to suspect that the death of the deceased was due, directly or indirectly, to violence, poison, privation or neglect, or do I have knowledge of any other reason for which a cremation should not be undertaken.

.....  
*Signature of Applicant*

.....  
*Relation to Deceased*

.....  
*Date and Time of Application*

.....  
*\*(Witness to Signature)*

*\*The expression "near relative" includes a widow or a widower, the parents or children above the age of sixteen of the deceased and any other relative usually residing with the deceased*