

TR#: _____

(Regulations 26(3))

CREMATION AUTHORITY

FORM B

PERMIT TO CREMATE HUMAN REMAINS

(To be Issued by the Authorised Officer)

To: of.....

.....

(State Name and Address of Applicant)

WHEREAS application has been made for a permit to cremate the remains of

.....

.....

(State Name, Address and Occupation of Deceased)

And where as I am satisfied –

- a. That the requirements for the cremation of human remains prescribed by the Cremation Act and these Regulations have been complied with; and
- b. That the cause of death has been definitely ascertained, and there exists no reason for any further inquiry or examination.

A permit for the cremation of the remains of the said

(State Name of Deceased)

In accordance with the Regulations is hereby issued to the said.....

(Applicant)

This permit is issued subject to the condition that the remains of the said

(State Name of Deceased)

shall be cremated at: Belgroves Funeral Home

(Insert Place of Cremation)

on the.....day of.....20....., at.....

(Insert Date and Time of Cremation)

.....
Signature of Authorised Officer

NOTE – This permit should be signed in duplicate; one copy should be retained with certificates and the other delivered to the Applicant.

* In the case of a still-born child, in place of the name, address and occupation, insert a description sufficient to identity the body, and in place of the words “that the cause of death has been definitely ascertained” insert the words “that the child was stillborn”