

APPLICATION FOR CREMATION PERMIT

Form 1 - Burial and Cremation Act 2013 (section10)

This form must be lodged with the Registrar of Births, Deaths and Marriages together with the application fee.

I, (the Applicant)

apply for a cremation permit to cremate the remains of -

(insert deceased's name) (the deceased).

Details of deceased

Full name:	
Last residential address:	
Occupation:	
Date of birth:	
Sex or gender identity: (tick appropriate box)	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> Indeterminate/intersex/unspecified

Details of applicant

Full name:	
Address:	
Occupation:	
Signed:	
Dated:	

The Applicant must also complete the details requested in the box overleaf in support of the application.

<p>You must provide the following details: (where a "yes" or "no" answer is required, tick the appropriate box)</p>	
1	Date and time of death:
2	Place of death: (If this was not the deceased's place of residence, state whether it was a hospital, nursing home, lodgings etc)
3	<p>I am -</p> <ul style="list-style-type: none"> * the executor or administrator of the deceased's estate. * a parent of the deceased. * the spouse or domestic partner of the deceased. * a child of the deceased and I am at least 18 years of age. * a brother / sister of the deceased and I am at least 18 years of age. * not any of the above but make this application because (insert reasons for making the application) - <p>.....</p> <p>.....</p>
4	<p>Did the deceased leave any written directions as to the mode of disposal of his or her remains? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, give details:</p>
5	<p>Has the spouse, domestic partner, a parent or child, or an executor or administrator, of the deceased objected to the proposed cremation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
6	<p>Do you know, or have any reason to believe, that the death of the deceased was by an unexpected, unnatural, unusual, violent or unknown cause? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, give details:</p>
7	<p>Did the deceased die from accessing voluntary assisted dying under the <i>Voluntary Assisted Dying Act 2021</i>? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
8	<p>Provide the following details about the doctor who ordinarily attended the deceased:</p> <p>Name:</p> <p>Address:</p>
9	<p>Will there be a <i>post mortem</i> examination of the body of the deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
10	<p>Will there be an inquest or inquiry into the death of the deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
11	<p>What is the name of the crematorium at which it is intended that the cremation of the body of the deceased will occur?</p>
12	<p>In whose name is the cremation permit to be issued? (insert name)</p>

* Strike out whichever does not apply.