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Application for Cremation

Cremation Regulations 1973

Application for Cremation - Page I FORM A

Booking time Crematorium: Attended: Yes No Date:

Funeral Director: Celebrant / Clergy:

Application number: (Crematorium Authority to complete)

I, (full name):

First Name(s)

Surname

Address:

Occupation:

apply to the Cremation Authority of Mainland Crematoriums Limited to undertake the cremation of the body of:

Full name of the deceased

First Name(s)

Surname

Last address:

Date of Birth: Age:

Gender: Occupation:

Relationship status: (i.e., whether the deceased was or had been married, in a civil union, or in a de facto relationship; or was the surviving spouse or partner of a marriage, civil union or de facto relationship; or had never been married, 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. Are you a relative of the deceased? Yes No

If so, state relationship

If not are not an executor or a near relative* state why this application is being made by you and not an executor or a near relative*

3. Have the near relatives* of the deceased been informed of the proposed cremation? Yes No
4. If the application is not made by an executor, is there an executor of the deceased? Yes No
If there is an executor has he/she been informed of the proposed cremation? Yes 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? Yes No

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?

***NOTE:** The term near relative as used in this form means 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 a parent of the deceased; and 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.

Full name of deceased:

First Name(s)

Surname

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

(continued)

7. Where did the deceased die? Give address, and say whether own residence, lodging, hotel, hospital, nursing home, etc

Address:

8. Do you know or have any reason to suspect that the death of the deceased was due, directly or indirectly to:

a. Violence ? Yes No c. Privation or neglect ? Yes No

b. Poison ? 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?

Yes No

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?

Yes No

10. Give the name and address of the ordinary medical attendant of the deceased:

Name

Address

11. Give names and addresses of all the medical practitioners who attended the deceased during his or her last illness.

Name:

Address:

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?

If so, give the name by which that religious denomination is known:

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Declaration of applicant

I have been given a list of items prohibited for cremation at the Mainland Crematoriums and agree to make sure none of the items are included within the casket, or that they can be easily removed from the casket before cremation. I hereby certify, with a view to procuring the cremation of the body of the abovenamed 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:

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Signature of witness:

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Witness name:

Witness address:

Occupation:

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Number

DIRECT CREMATION

Deceased (Full name & Surname):

Date of Death:

Person responsible overseeing payment of Funeral Costs:

Name and Surname:

Telephone Number: Email Address:

Address:

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NOTE

Please note the payment of Funeral Cost is the responsibility of the Deceased's Estate

If the invoice will be submitted to WINZ for payment, WINZ might not pay the full amount and the Estate of the Deceased will need to pay the balance.

Person authorised to collect ashes

Name and Surname:

Telephone Number:

Special instruction regarding jewelry, clothes and personal belongings:

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Signature of Person Responsible

Date