

## Application for Cremation

**NOTE:**

1. The application must be lodged with Canberra Memorial Parks before a cremation can take place
2. All questions must be answered fully
3. All information is strictly confidential – please refer to our Privacy Policy available on our website

### How to complete the form

1. Part A and Part B should be completed by the executor or nearest surviving relative of the deceased. A written statement must be provided by a person completing parts A and B if they are not the executor or nearest surviving relative of the deceased outlining why they are making the application.
2. Part C must be completed by the relevant Funeral Director
3. Part D must be completed by Canberra Memorial Parks.

### Part A: Application for Cremation

#### Deceased Details

Surname		Other names				
Date of Birth		Date of Death (if known)				
Place of Death		Occupation				
Sex		Domestic Partnership Status				
Last Known Address					Postcode	

#### Applicant Details

Surname		Other names				
Address					Postcode	
Contact Number		Email				
Relationship to the deceased						

#### I confirm the following:

- I am the executor or nearest surviving relative of the deceased

**OR**

- I am not the executor or nearest surviving relative of the deceased and a written statement is attached outlining why I am making the application

**AND**

- I am aware that the deceased may not be cremated on the same day as the funeral service.

#### To the best of my knowledge and belief the information provided is true and correct:

1. Did the deceased provide written directions as to the mode of disposal of their remains? *(Please provide particulars)*

YES

NO

2. Have the nearest surviving relatives of the deceased been informed of the proposed cremation? *(Please provide particulars)*

 YES

 NO

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3. Have any near relatives of the deceased expressed any objection to the proposed cremation *(Please provide particulars)*

 YES

 NO

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### Part B: Applicant Signature

<b>Signature of Applicant</b>		<b>Date</b>	
<b>Signature of Witness</b>		<b>Date</b>	
<b>Name of Witness</b>			

Please tick if you **do not** wish to receive a post service survey from Canberra Cemeteries

### Part C: Funeral Director Declaration

- I have verified that the remains submitted for cremation as those of the above-mentioned deceased
- I have provided a certification document for cremation or approval for cremation without a certification document
- I have provided a certificate from a medical referee stating that there is no reason why the human remains submitted should not be cremated
- The deceased is in an acceptable container or wrapping

**OR**

- If fetal remains, a signed statement by nurse, doctor or midwife stating that there is no reason why the remains should not be cremated

<b>Delivery Details</b>	<b>Delivery Date</b>		<b>Delivery Time</b>	
<b>Container Details</b>	<b>Approx weight</b>		<b>Dimensions Length x Width x Height mms</b>	

<b>Signature</b>	
<b>Date</b>	
<b>Name</b>	
<b>Company</b>	

### Part D: Office Use Only

<b>Cremation Ref. #</b>	
<b>Signature</b>	
<b>Name</b>	
<b>Date</b>	

- Certification Document (sighted and attached)
- Certificate of Medical Referee (sighted and attached)
- Database updated
- Cremation Certificate generated