

## Application for Cremation

**NOTE:**

1. The application must be lodged with Canberra Cemeteries 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 Cemeteries

### Part A: Application for Cremation

#### Deceased Details

Surname		Other names	
Date of Birth		Date of death (if known)	
Sex		Marital Status	
Last Known Address			

#### Applicant Details

Surname		Other names	
Address			
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

--

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

YES

NO

--

### Part B: Applicant Signature

Signature of Applicant		Date	
Signature of Witness		Date	
Name of Witness			

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

**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

Delivery Details	Delivery Date:		Delivery Time:	
Container Details	Approx total weight kgs		Dimensions Length x Width x Height mms	

Signature	
Date	
Name	
Company	

### Part D: Office Use Only

Cremation Ref. #	
Signature	
Name	
Date	

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