



1. Application details

FORM A

Consecutive number (Council officer to complete)

1a. Full name of applicant
 First name(s) Surname

Address

Occupation

I, the above-named, hereby apply to the crematorium authority of the Taranaki Crematorium to undertake the cremation of the body of:

1b. Full name of deceased
 First name(s) Surname

Last address

Occupation

Age

Gender

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.)

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

2a. Are you an executor of the deceased? Yes No

2b. Are you a relative of the deceased? Yes No

If so, state the relationship

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

2c. Have the near relatives of the deceased been informed of the proposed cremation? Yes No

2d. 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

2e. 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?

2f. To the best of your knowledge and belief, what was the date
 and time of the death of the deceased?

2g. Where did the deceased die? Give address, and say whether own residence, lodgings, hotel, hospital, nursing home etc.

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 who usually resided with him or her.

Full name of the deceased

First name(s)

Surname

2. The true answers to the questions set out below are as follows - continued

2h. Do you know or have any reason to suspect that the death of the deceased was due, directly or indirectly to:

- Violence? Yes No Privation or neglect? Yes No
 Poison? Yes No Illegal operation? Yes No

2i. Do you know any reason whatsoever for supposing that an examination of the body of the deceased may be desirable? Yes No

2j. 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

2k. Please give the name and address of the ordinary medical attendant of the deceased

Full name

Address

2l. Please give the names and addresses of all the medical practitioners who attended the deceased during his/hers last illness

Full name

Address

Full name

Address

2m. Who were the persons (if any) present at the time of the death?

2n. 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? Yes No

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

3. Declaration - applicant and witness

I have been given a list of items prohibited for cremation at the Taranaki Crematorium 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 above-named 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 of applicant

Date

Applicant's first name(s)

Surname

Signature of witness

Date

Witness first name(s)

Surname

Witness address

Witness occupation