



## FORM Permission to cremate

The Cremation Regulations 1973

	1.	Deceased details FORM F			
		Consecutive number (Council officer to complete)			
		Whereas application has been made for the cremation of the body of:			
		1a.	Full name of the deceased		٦
		1b.		First name(s) Surname	_
		10.	Luot dudicos		-
		1c.	Occupation		_
		1d.	Age		Ξ.
mox		1e.	Gender		_
uthnz.					_
wplymo	2.	Dec	:laration		
www.ne		Whereas I have satisfied myself:			
Liardet Street, Private Bag 2025, New Plymouth 4342, New Zealand. Telephone 06-759 6060, Fax 06-759 6072, Email enquiries@npdc.govt.nz, Website www.newplymouthnz.com		2a. That all the requirements of the Burial and Cremation Act 1964 and The Cremation Regulations 1973 have been complied with, and			
		2b. *That the cause of death has been definitely ascertained (or that a certificate in form C has been given by a coroner), and			
		2c. That no reason exists for any further inquiry or examination.			
		Now therefore, I hereby permit the cremation authority of the Taranaki Crematorium to cremate the said body.			
		Signa	tture	Date	_
		First name(s) Surname			
		*Medical Referee (or Deputy Medical Referee or Second Deputy Medical Referee or Medical Officer of Health).			
		<ul><li>Note: 1. Delete all inappropriate alternatives in both places where an asterisk appears.</li><li>2. This permission should be signed in duplicate, one copy to be retained with the application paper</li></ul>			
one 06			and the other sent I	by the Medical Referee to the attendant at the crematorium.	
Teleph				ee should attach to the application papers a statement of any special inquiries seen fit to make before issuing the permission to cremate.	
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025, N					
Bag 2					
Private					
Street,					
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