



This form is to be completed and signed in duplicate.

Prior to cremation, a copy is to be submitted to the Cemetery and Crematorium office of New Plymouth District Council.

Both copies are to be sent with the casket to the attendant at the Taranaki Crematorium.

1. Cremation details

FORM H

Consecutive number (Council officer to complete)

1a. Full name of the deceased

First name(s)

Surname

1b. Last address

1c. Occupation

1d. Age

1e. Gender

1f. Date of death

1g. Place of death

1h. Date of Medical Referee's permission or other authority

1i. Date of cremation

1j. Casket size - including handles

1k. Funeral director

1l. Name of person or solicitor responsible for payment of fees

1m. Postal address

2. Authority for disposal of ashes

2a. I*, (full name)

First name(s)

Surname

authorise the cremation authority of the Taranaki Crematorium to dispose of the ashes of the deceased named above, as follows (applicant for cremation to select whichever is applicable):

Interred in the Garden of Remembrance at the Taranaki Crematorium

Taken away by (name of company, courier agent or person)

Signature

Date

*Please state relationship to the deceased (e.g. spouse, executor, near relation, defacto partner, civil union partner, etc).

3. Confirmation of disposal of ashes

3a. Crematorium attendant to select whichever is applicable:

Date ashes interred in the Garden of Remembrance

Signature of person receiving ashes

Signature

Date

3b. Ground of recipient's claim for taking ashes (i.e. applicant for cremation, funeral director, courier or agent acting on behalf of the funeral director or family, relative of the deceased - relationship to be stated, etc).