



Consecutive No: _____ (To be inserted on receipt of application)

ARAMOHO CEMETERY "The Cremation Regulations, 1973" APPLICATION FOR CREMATION

Full Name of Applicant: _____

Address: _____

Occupation: _____

apply to the Whanganui District Council being the crematorium authority of the Whanganui Crematorium to undertake the cremation of the body of: -

Full Name of Deceased: _____

Age: _____ Sex: _____

Address: _____

Occupation: _____

Whether married, widow, widower or unmarried: _____

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

- 1. Are you an Executor of the deceased?
2. Are you a relative of the deceased? If so, state the relationship
3. Have the near relatives* of the deceased been informed of the proposed cremation?
4. If the application is not made by an Executor, is there an Executor of the deceased?
5. To the best of your knowledge and belief has any near relative or Executor of the deceased expressed any objection to the proposed cremation?
6. What, to the best of your knowledge and belief was the date and hour of the death of the deceased?
7. Where did the deceased die (give address and say whether own residence, lodging, hotel, hospital, nursing home etc).
8. Do you know or do you have any reasons to suspect that the death of the deceased was due, directly or indirectly to: -
9. Do you know any reason whatever for supposing that an examination of the body of the deceased may be desirable?
9a. Do you know or have you any reason to suspect that the body of the deceased contains a cardiac pacemaker or other biochemical aid?
10. Give the name and address of the ordinary medical attendant of the deceased:
11. Give names and addresses of all the medical practitioners who attended the deceased during his (or her) last illness:
12. Who were the persons (if any) present at the time of the death?
13. 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?
If so, give the name by which that religious denomination is know:

I HEREBY CERTIFY, with a view to procuring the cremation of the body of the above-named deceased, that all particulars stated above are true, and that to the best of my knowledge and belief no material particular has been omitted.

Witness to Signature:

Name: _____ Date: _____

Occupation: _____ Applicant Signature: _____

Address: _____

Note: the term "near relative" as used in this form, means wife or husband of the deceased, a parent of the deceased, or a child of the deceased who is over the age of 16 years; and includes any other relative of the deceased who usually resides with him/her.