



Cremation No: _____

ARAMOHO CEMETERY

WHANGANUI

**“The Cremation Regulations, 1973”
PERMISSION TO CREMATE**

Minister: _____

Funeral Director: _____

Date of Cremation: _____

WHEREAS application has been made for the cremation of the body of: -

Full Name: _____

Age: _____ D/D: _____

Address: _____

Occupation: _____

And WHEREAS I have satisfied myself: -

1. That all the requirements of the Burial and Cremation Act 1964 and the Cremation Regulations 1973 have been complied with; and
2. *That the cause of death has been definitely ascertained (or that a certificate in Form C has been given by a Coroner); and
3. That no reason exists for any further inquiry or examination;
4. No pacemaker or pacemaker has been removed by;

NOW THEREFORE, I permit the cremation authority of the crematorium at Whanganui to cremate the said body.

Signature: _____

*Medical Referee (or Deputy Medical Referee or Second Deputy Medical Referee or Medical Officer of Health).

Date: _____

1. Delete all inappropriate alternatives in both places where an asterisk appears.
2. This permission should be signed in duplicate; once copy to be retained with the application papers and the other sent by the Medical Referee to the attendant at the crematorium. The Medical Referee should attach to the application papers a statement of any special inquiries which he may have seen fit to make before issuing the permission to cremate.