

## **CREMATION ACT 1929**

## Cremation Regulations 1954 Form 6

(Reg. 11)

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Application for	or Permit to Cremate		
Applicant	Name		
	Address		
(*"Nearest surviving relative" is explained at the end of this form.)	Name		
	Address		
	Date of birth / / Male/ Female/ Unspecified		
	Marital status		
	Occupation		
	Nearest surviving relative* (if known)  Name  Relationship		
	Usual doctor Name Address		
	Doctor who attended deceased during his or her last illness  Name  Address		
Instructions from deceased	Did the deceased leave any written directions about how his or her remains were to be dealt with?  No Yes. Give details		
Objections	Do you know of anyone who objects to the deceased's remains being cremated?  No Yes. Give details of that person Name Relationship to deceased Address		
Coroner	Has the Coroner conducted an investigation or inquest into the deceased's death?  Yes No Unsure		
Applicant's relationship to deceased (*"Nearest surviving relative" is explained at the end of this form.)	<ul> <li>□ Administrator of the deceased</li> <li>□ Nearest surviving relative* of the deceased</li> <li>□ Other</li> </ul>		

Details of death	Date / /20	Time a.m./p.m.	
	Place where deceased died		
	Home		
	Address		
	Hospital Address		
	Other		
	Address		
	Do you know, or have reason to suspect, t	hat the deceased's death was directly or	
	indirectly due to any of the following? (tick if yes)  violence  poison  suffocation		
	<ul><li>□ privation or neglect</li><li>□ medical procedure</li></ul>	burns	
	Do you have any reason to suppose that a	n examination of the deceased's remains may	
	be desirable?		
	☐ Yes. Give details		
Other applications	<b>1</b>	f, previously applied for a permit to cremate the	
	deceased's remains?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	□ No		
	Yes. Give details of previous application	on	
	Made by		
	Date / / 20		
Signature of applicant	Medical Referee to whom it was made Signature	=	
signature or applicant	Date / /20		
Statutory declaration	I, [name, address and occupation of perso	n making the declaration]	
(This section not to be completed by	sincerely declare as follows - That I make this application instead of an administrator because [give reasons]		
administrator)	mate i make this application instead of an	dammiscrator because [5176 reasons]	
	This declaration is true and I know that is	an offence to make a declaration knowing that	
	it is false in a material particular.	Affidavits and Statutory Declarations Act 2005	
	at [place ] on [c	late ] by	
	[Signature of person making the declaration	on]	
	in the presence of [Signature of witness of Statutory Declarations Act 2005]	authorised under the Oaths, Affidavits and	
	[Name of authorised witness and qualific	ations as such a witness]	
Medical referee	Permit No.		
(For office use only)	Date / / 20		
	Medical Referee		
	Signature		
	Name		
*The nearest surviving relative of a deceased person is the first person who is available from the following persons			
in the order of priority listed —  (a) a person who, immediately before the death, was living as —			
(i) the spouse of the deceased; or			
<ul><li>(ii) a de facto partner of the deceased and who is at least 18 years of age;</li><li>(b) a person who, immediately before the death, was the spouse of the deceased;</li></ul>			
(c) a son or daughter of the deceased who is at least 18 years of age; (d) a parent of the deceased;			
(e) a brother or sister of the deceased who is at least 18 years of age.			