

Application for Cremation

NOTE:

1. The application must be lodged with Canberra Memorial Parks before a cremation can take place
2. All questions must be answered fully
3. All information is strictly confidential – please refer to our Privacy Policy available on our website

How to complete the form

1. Part A Part B and Part C should be completed by the executor or nearest surviving relative of the deceased. A written statement must be provided by a person completing parts A, B and C if they are not the executor or nearest surviving relative of the deceased outlining why they are making the application.
2. Part D must be completed by the relevant Funeral Director

Part A: Application for Cremation

Deceased Details

Surname			
Other names			
Date of Birth		Sex	
Occupation		Marital Status	
Date of Death		Place of Death	
Last Known Address			Postcode

Applicant Details

Surname			
Other names			
Relationship to Deceased			
Address		Postcode	
		Phone	
Email			

To the best of my knowledge and belief the information provided is true and correct:

1. Did the deceased provide written directions that their remains **not** be cremated. ☐ YES ☐ NO
2. Have the nearest surviving relatives of the deceased been informed of the proposed cremation? (If no, please provide particulars via a written statement on a separate page and attach) ☐ YES ☐ NO
3. Have any near relatives of the deceased expressed any objection to the proposed cremation (If yes, please provide particulars via a written statement on a separate page and attach) ☐ YES ☐ NO
4. **A.** Did the deceased have any battery powered device attached to or present in the body? (If yes, please provide particulars via a written statement on a separate page and attach) ☐ YES ☐ NO
B. Was the battery powered device/implant removed? ☐ YES ☐ NO

NOTE: Mercury and lithium batteries in pacemakers can cause an explosion is left in the body, which is cremated. Radioactive impacts may be a health hazard. Cremation may be refused if a pacemaker or other potentially dangerous implant is not removed.

I confirm the following:
☐ I am the executor or nearest surviving relative of the deceased

OR
☐ I am not the executor or nearest surviving relative of the deceased and a written statement is attached outlining why I am making the application

AND
☐ I am aware that the deceased may not be cremated on the same day as the funeral service.

Part B: Memorial Hall and Indigo Lounge Hire (if applicable)
Service Start Date and Time: _____

Memorial Hall Layout Options: ☐ Layout 1 – Coffin centred at front of hall ☐ Layout 2 – Coffin at water feature ☐ Layout 3 – In the round (coffin the middle of room)

Memorial Hall Service Options: ☐ Private service ☐ Livestream ☐ USB recording ☐ Slideshow ☐ Music

Indigo Lounge: ☐ Catered ☐ Self-Catered ☐ Not applicable

For Catered Services – Number of Persons to Cater for: _____

Catering Packages: ☐ Package 1 – Sweet ☐ Package 1 – Savoury ☐ Package 2 ☐ Package 3 ☐ Package 4 ☐ Alcohol Package 1 ☐ Alcohol Package 2

****Please advise us at the earliest opportunity of any dietary requirements****

Please note that hire of the Indigo Lounge is subject to the Terms and Conditions as published on our website at www.canberramemorialparks.act.gov.au By signing below, the Applicant confirms acceptance of T&C's.

Part C: Applicant Signature

Signature of Applicant		Date	
Signature of Witness		Date	
Name of Witness			

☐ Please tick if you **do not** wish to receive a post service survey from Canberra Memorial Parks

Part D: Funeral Director Declaration

- ☐ I have verified that the remains submitted for cremation as those of the above-mentioned deceased
☐ I have provided a certification document for cremation or approval for cremation without a certification document
☐ I have provided a certificate from a medical referee stating that there is no reason why the human remains submitted should not be cremated
☐ The deceased is in an acceptable container or wrapping
☐ I verify that any battery powered implants and/or devices have been removed from the deceased

OR
☐ If fetal remains, a signed statement by nurse, doctor or midwife stating that there is no reason why the remains should not be cremated

Delivery Details	Delivery Date		Delivery Time	
Container Details	Approx weight		Dimensions L x W x H mm	

Signature		Date	
Name		Company	