|  |  |
| --- | --- |
| **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 and Part B 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 and B if they are not the executor or nearest surviving relative of the deceased outlining why they are making the application.
2. Part C must be completed by the relevant Funeral Director
3. Part D must be completed by Canberra Memorial Parks.

**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 |  | | |

**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.

**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? *(Please provide particulars)*

|  |
| --- |
| **YES  NO** |

1. Have any near relatives of the deceased expressed any objection to the proposed cremation *(Please provide particulars)*

|  |
| --- |
| **YES  NO** |

1. **A.** Did the deceased have any battery powered device attached to or present in the body? *(If yes please provide particulars)*

|  |
| --- |
| **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.*

**Part B: 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 Cemeteries

**Part C: 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 mms** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature** |  | **Date** |  |
| **Name** |  | **Company** |  |