Application for cremation authorisation

Form 3 (Regulation 18, Schedule 1)

Cemeteries and Crematoria Act 2003 Cemeteries and Crematoria Regulations 2015

This form must always be accompanied by a 'Certificate of registered medical practitioner authorising cremation' (Form 4) unless the application relates to one of the following, in which case the Form 4 is not required:

- the cremation of a still-born child (please check the 'Medical Certificate of Cause of Perinatal Death' form to confirm whether the application relates to a still-born child)
- where an order has been made by a Coroner under section 47 of the Coroners Act 2008
- a deceased person who died interstate or overseas and for whom an authority to cremate has been issued by the Coroner or other person permitted by the law of the jurisdiction where they died to authorise the cremation.

Please complete in block letters

Name of crematorium at which cremation is to take place:

Details of	the deceased	OFFICE USE ONLY				
Title:	Given names:		Ref no:			
Surname:			Check no:			
Sex: Male	Female	Age:	Document check:			
Date of birth:	1 1	Date of death: / /	Coroner/Doc. cert/other:			
Last known p	ermanent address:					
Suburb/town:		State:	Post code:			
Religion, if any (please note this field is optional):						
Did the deceased have a spouse or domestic partner at the time of the deceased's death? ☐ Yes ☐ No						
Applicant for cremation authorisation						
Please note it is important that you advise the cemetery trust of any changes to your contact details as the cemetery trust will use these details to contact you about the cremated remains in the future.						
Title:	Given names:	Surname:				
Address:						
Suburb/town:		State:	Post code:			
Telephone	Home:	Work:	Mobile:			
Email:						
Signature of a	applicant:		Date: / /			



Cremated	remains			
Following cre	emation, the cremated rem	nains are to be:		
☐ Memorial	lised at:			
☐ Collected	l by:			
☐ Held at cr	rematorium for up to 12 mo	onths after the cremation:		
Other [ple	ease specify]:			
the expiry of t	the 12 month period, the cem	red to hold the cremated remains for at least etery may dispose of the cremated remains ollect the cremated remains provide the follo	in any way that it considers appropriate.	
Agent det	ails			
Title:	Given names:	Surname:	Surname:	
Address:				
Suburb/town	1:	State:	Post code:	
Telephone	Home:	Work:	Mobile:	
Email:				
Matters re	elating to the cremati	on		
Service type	: service both ends	meet at cemetery no attendance		
Location:				
Date of crem	nation: / /	Time:		
Special servi	ice requirements:			
Other remark	ks:			

Statement by funeral director

This section should be filled out by the further remains.	uneral director or the person who is otherwise	e arranging for the cremation of the human		
Removal of pacemaker or other b	pattery-powered device from the deceas	ed is not required.		
☐ I have arranged for any pacemak	ter or other battery-powered device referom the deceased as required by the rele	rred to on the 'Medical certificate of		
Company name (if applicable):		Company stamp		
Title: Given names:				
Surname:				
Address:				
Suburb/town:	State:	Post code:		
Telephone:	Fax:			
Email:				
Signature of funeral director: Warning Under section 132 of the Cemeteries	s and Crematoria Act 2003 it is an offend	Date: / /		
	tion, punishable by a fine of up to 600 p			
Privacy statement				
☐ If you wish to receive informa	tion about memorialisation goods an	d services please check this box		
Any personal information you provide in your application will be treated in accordance with the principles set out in the <i>Privacy and Data Protection Act 2014</i> . You may request access to the information we hold about you and you may request its correction if necessary.				
concerning it. We also need the information rights under the <i>Cemeteries and Ci</i> that legislation, you are not obliged	uired to enable us to process your applic ormation to perform our functions, comp rematoria Act 2003. Except for the inform to provide any personal information. Ho of be able to process your application or	oly with our obligations and exercise our mation you are required to submit under owever, should you choose not to		
	oria Act 2003, we are also required to ke remations and rights of interment. Meml			

those records.