

# Application for cremation

Note: you will also need to complete a Cremation booking form.

Applicant	
I (full name of the applicant):	
Address:	
Occupation:	
apply to Wellington City Council as the controlling authority of the Karori Cemetery Crematorium	
to undertake the cremation of the body of:	
Full name of deceased:	
Address:	
Occupation:	
Age:	Sex:
<input type="checkbox"/> Married <input type="checkbox"/> Widow <input type="checkbox"/> Widower <input type="checkbox"/> Unmarried	

Deceased	
Are you an executor of the deceased?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a relative of the deceased?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, state the relationship:	
If you are not an executor or a near relative* state why this application is being made by you and not by an executor or a near relative:	
Have the near relatives of the deceased been informed of the proposed cremation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the application is not made by an executor, is there an executor of the deceased?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If there is an executor has he/she been informed of the proposed cremation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
To the best of your knowledge and belief has any near relation or executor of the deceased expressed any objection to the proposed cremation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, on what ground?	
What, to the best of your knowledge and belief, was the date and hour of the death of the deceased?	
Date:	Hour:
Where did the deceased die? (give address and say whether own residence, lodgings, hotel, hospital, nursing home etc.)	

\*Note - The term 'near relative' as used in this form, means the wife, husband or partner of the deceased, a parent of the deceased, or a child of the deceased who is of, or over the age of 16 years; and includes any other relative of the deceased who usually resides with them.

## Deceased continued

Do you know or have any reason to suspect that the death of the deceased was due, directly or indirectly, to:

Violence     Poison     Privation or neglect     Illegal operation

Do you know any reason whatever for supposing that an examination of the body of the deceased may be desirable?

Do you know or have any reason to suspect that the body of the deceased contains a cardiac pacemaker or other biomechanical aid?

Give the name and address of the general practitioner of the deceased:

Give names and addresses of all the medical practitioners who attended the deceased during his or her last illness:

Who were the persons (if any) present at the time of death?

Was the deceased a member of a religious denomination whose beliefs require the burning of the body to be carried out as a religious rite elsewhere than in an approved crematorium?     Yes     No

If so, give the name by which that religious denomination is known:

## Sign

I certify that in applying for the cremation of the deceased (named above), that all the information stated above is true, and that to the best of my knowledge no relevant information has been omitted.

Date:

Signature:

Witness to signature:

Name:

Occupation:

Address: