

CREMATION ACT 1929

Cremation Regulations 1954

Form 6

(Reg. 11)

Application for Permit to Cremate

Applicant	Name _____	
	Address _____	
Deceased <i>(*Nearest surviving relative* is explained at the end of this form.)</i>	Name _____	
	Address _____	
	Date of birth / / <input type="checkbox"/> Male <input type="checkbox"/> Female	
	Marital status _____	
	Occupation _____	
	Nearest surviving relative* (if known) Name _____ Relationship _____	
	Usual doctor Name _____ Address _____	
	Doctor(s) 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? <input type="checkbox"/> No <input type="checkbox"/> Yes. Give details _____
	Objections	Do you know of anyone who objects to the deceased's remains being cremated? <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
Applicant's relationship to deceased <i>(*Nearest surviving relative* is explained at the end of this form.)</i>	<input type="checkbox"/> Administrator of the deceased <input type="checkbox"/> Nearest surviving relative* of the deceased <input type="checkbox"/> Other _____ If you are not the Administrator, why are you making the application instead of the Administrator? _____ _____	

