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	he deceased			OFFICE USE ONLY	
Title:	Given names:			Ref no:	
Surname:				Check no:	
Sex: Male	☐ Female A	lge:		Document check:	
Date of birth:	Г	Date of death:		Coroner/Doc. cert/other:	
Last known pe	ermanent address:				
Suburb/town:			State:	Post code:	
Religion, if any (please note this field is optional):					
Applicant for	or cremation auth	orisation e the cemetery tru	ust of any changes to y	eceased's death?	
Title:	Given names:		Surna	me:	
Address:					
Suburb/town:			State:	Post code:	
Telephone	Home:	V	Vork:	Mobile:	
Email:					
Signature of ap	oplicant:	, /		Date:	



are to be:	
after the cremation:	
	least 12 months after the cremation. Following ains in any way that it considers appropriate.
the cremated remains provide the	following details:
Surnan	le:
State:	Post code:
Work:	Mobile:
et at cemetery no attenda	nce
Time:	
	after the cremation: hold the cremated remains for at may dispose of the cremated remains provide the surnamental state: State: Work:

Statement by funeral director

This section should be filled out by the funeral director or the person remains.	n who is otherwise arranging for the cremation of the human
☐ Removal of pacemaker or other battery-powered device f	rom the deceased is not required.
☐ I have arranged for any pacemaker or other battery-power cause of death' to be removed from the deceased as required.	
Company name (if applicable):	Company stamp
Title: Given names:	
Surname:	
Address:	
Suburb/town: Stat	e: Post code:
Telephone: Fa	ax:
Email:	
Signature of funeral director:	Date: / /
Warning Under section 132 of the Cemeteries and Crematoria Act 200 application for a cremation authorisation, punishable by a fine or both.	
Privacy statement	
☐ If you wish to receive information about memorialisa	ation goods and services please check this box
Any personal information you provide in your application will the <i>Privacy and Data Protection Act 2014</i> . You may request may request its correction if necessary.	
The information you provide is required to enable us to proconcerning it. We also need the information to perform our rights under the <i>Cemeteries and Crematoria Act 2003</i> . Except that legislation, you are not obliged to provide any personal provide this information, we may not be able to process you information is required.	functions, comply with our obligations and exercise our ept for the information you are required to submit under information. However, should you choose not to
Under the Cemeteries and Crematoria Act 2003, we are als information regarding interments, cremations and rights of it those records.	