

I, full name of applicant .....

Address ..... Occupation .....

apply to the Whakatane District Council to undertake the cremation of the body of:

Full name of deceased .....

Address .....

Occupation ..... Age ..... Sex .....

Relationship status of the deceased: Was or had been:  Married  Civil Union  De Facto  
Never:  Married  Civil Union  De Facto

**The true answers to the questions set out below are as follows:**

(1) Are you the executor of the deceased? Yes / No

(2) Are you a relative\* of the deceased? If so, state the relationship .....

If you are not an executor or near relative\* state why is this application is being made by you and not by an executor or a near relative\*:

(3) Have the near relatives\* of the deceased been informed of the proposed cremation? Yes / No

(4) If the applicant is not made by an executor, is there an executor of the deceased? Yes / No

If there is an executor, have they been informed of the proposed cremation? Yes / No

(5) To the best of your knowledge and belief has any near relative\* or executor of the deceased expressed any objection to the proposed cremation? If so, on what grounds? Yes / No

(6) 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.)

(7) Do you know or have any reason to suspect that the death of the deceased was due to:  
(a) Violence: Yes / No (b) Poison: Yes / No (c) Privation or neglect: Yes / No (d) Illegal operation: Yes / No

(8) Do you know of any reason whatsoever for supposing that an examination of the body of the deceased may be desirable? Yes / No

(9) Do you know or have any reason to suspect that the body of the deceased contains a cardiac pacemaker or other biomechanical aid? Yes / No

(10) Give the name and address of the usual medical attendant of the deceased:

(11) Give the names and addresses of all the medical practitioners who attended the deceased during their last illness:

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

(13) Was the deceased a member of a religious denomination whose tenets 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 .....

I hereby certify, with a view to procuring the cremation of the body of the above-named deceased, that all the particulars stated above are true, and that to the best of my knowledge and belief no material particular has been omitted.

Applicant's signature: ..... Date: .....

Witness to signature: ..... Name: .....  
Occupation: .....  
Address: .....