

Coroner's Cremation Permit



Public Health Regulation 2022 Section 108

Name of deceased: _____

Last address of deceased: _____

I certify that:

1. The death of the deceased has been duly reported to a Coroner.
2. I have carefully perused the application for cremation made under Section 104 of the Public Health Regulation 2022 in respect of the deceased. I am satisfied the application for cremation appears to be correct and complete.
3. I have received a medical report of an examination of the body of the deceased, in which it is stated that the cause of death was:

4. I consider that no circumstance exists which can render necessary any further examination of the remains of the deceased.
5. I have/have not reviewed the cremation risk advice provided by the relevant medical practitioner.
6. I am satisfied that the deceased left no written objection to his/her body being cremated.

I therefore authorise the cremation of the remains of the deceased to which this permit relates.

Name in block letters: _____

Address: _____

Title: _____

(Coroner/Deputy Coroner in the State of New South Wales)

Signature: _____

Date: _____