

Application for permission for cremation of still-born child with statutory declaration



Public Health Regulation, 2022 Section 105

(This form should be completed by the nearest surviving relative of the deceased or if no nearest surviving relative is available, other proper person, and all questions must be fully answered)

I, _____, of _____ Postcode _____
(Full name of applicant) (Applicant's address)

Age ____ hereby apply for permission to cremate the remains of _____
(Name of still-born child)

at the _____ Crematorium _____
(Name of crematorium) (Location of crematorium)

1. (a) Are you the nearest surviving relative of the child? If so, state relationship _____
- (b) If not nearest surviving relative, state **EITHER**
- (i) relationship to still-born child _____
- (ii) reason(s) why this application is being made by you:

OR

Complete the following statement:

I have been requested by _____
(Name and relationship to deceased)

to make this application of cremation and I am fully aware of the information contained herein.

- (c) (i) Have all near relatives of the deceased been informed of the proposed cremation?

- (ii) Has any near relative of the deceased expressed any objection to the cremation?

If so, state the reasons for objection

2. When did the still-birth occur?

Date: __/__/____ Time: __:__

3. Where did the still-birth occur? (State address and location, i.e. own residence, hospital, hotel, etc)

4. Give the name and address of the medical practitioner who attended the still-birth

5. Give the name of the Registry Office where the death has been, or is to be, registered

I hereby certify that all particulars stated above are true and accurate, and that to the best of my knowledge and belief no particular material has been omitted; I therefore make this solemn declaration conscientiously believing the same to be true and by virtue of the *Oaths Act, 1900*.

I am aware that the deceased may not be cremated on the day of the service at the crematorium.

Declared at _____ on _____
(Place) (Date)

#Signature _____ in the presence of an authorised witness, who states:
(Applicant)

I, _____, a _____
(Name of authorised witness) (Qualification of authorised witness)

certify the following matters concerning the making of this statutory declaration by the person who made it:

I saw the face of the person **OR**

I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person had a special justification for not removing the covering.

AND

I have known the person for at least 12 months **OR**

I have not known the person for at least 12 months, but I have confirmed the person's identity using an identification document and the document I relied on was _____
(Describe identification document relied on)

Signature of authorised witness: _____ Date: _____

#This declaration must be signed in the presence of an authorised witness. A list of people who can be witnesses is set out in *Schedule 2* to the [Statutory Declaration Regulations 2018](#).