

Application for exemption by the secretary for documentation for cremation to proceed:

permission for cremation of exhumed remains of a body
buried more than 10 years ago with statutory declaration

Public Health Regulation, 2022 Section 103(4)



(This form should be completed by an executor of the estate of the deceased, or nearest surviving relative of the deceased, or 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, without the required documentation, the exhumed remains of the

Late _____
(Name of deceased)

of _____
(Last address of deceased)

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

State the deceased's: i) Marital Status: _____ ii) Age: _____ iii) Sex: _____
(Married, de facto widow, widower, never married)

iv) Occupation: _____

1. (a) Are you the nearest surviving relative of the deceased? If so, state relationship _____

(b) Are you an executor of the deceased's estate? _____

(c) If neither an executor nor nearest surviving relative, state **EITHER**

(i) relationship to deceased _____

(ii) reason(s) why this application is being made by you _____

(iii) written authority for making this application _____

(d) (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. (a) Did the deceased leave any written directions as to mode of disposal of the remains of the deceased? Yes No

(b) If so, what directions? _____

(c) Are you satisfied that the directions of the deceased were made in a state of sound mind? Yes No

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3. (a) On what date did the deceased die? _____

(b) What was the date of burial? _____

(Note: The deceased must be interred for at least 10 years before the application will be considered)

(c) What is the burial location? _____

4. Where did the death occur? (State address and location, i.e.. own residence, hospital, nursing home, hotel, etc.)

5. Do you know, or have you any reason to suspect, that the death of the deceased was due, directly, or indirectly, to:

a) Violence	Yes	No	b) Poison	Yes	No	c) Abuse or neglect	Yes	No
d) Drowning	Yes	No	e) Suffocation	Yes	No	f) Burns	Yes	No
g) During custodial care	Yes	No	h) Illegal Operation	Yes	No			

6. (a) Was the deceased subjected to a Coroner's investigation? Yes No

(b) If yes, provide details _____

(c) If no, have you any reason whatever for supposing that an examination of the remains of the deceased may be desirable/required by law? Yes No

(d) Was the deceased infected with a prescribed infectious disease as defined in Section 79 of the Public Health Regulation 2022. Yes No

7. (a) Give the name of the Registry Office where the death has been registered _____

(b) Attach a certified copy of registered Death Certificate.

Note: a certified copy of the registered Death Certificate must be attached for the application to be considered.

8. (a) Was any battery powered device attached to or present in the body of the deceased? Yes No

If yes, what kind of device? _____

(b) Has it been removed? Yes No

(c) If not, do you give permission for removal by an appropriately qualified person? Yes No

(If device is present, crematory authorities may decline to cremate the deceased as battery powered devices may explode during cremation)

Public Health Regulation, 2022 Section 103(4)

9. (a) Was there an attempt to obtain a cremation permit in respect of the body of the deceased? Yes No

(b) Why is it not reasonable or practicable to obtain a cremation permit in respect of the remains?

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:

1 *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

2 *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.

*Please cross out any text that does not apply