



APPLICATION FOR EXEMPTION BY THE DIRECTOR-GENERAL TO THE REQUIREMENT 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, 2012 Clause 78(4)

(This form should be completed by an executor or nearest surviving relative of the deceased or other proper person, and all questions must be fully answered)

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

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 (Name of crematorium) Crematorium (Location of crematorium)

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

(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 (i)

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

(iii) written authority for making this application (iii)

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

(i)

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

(ii)

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

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, ie. 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    | Y / N | b) Poison | Y / N | c) Abuse or neglect      | Y / N | (d) Drowning          | Y / N |
| (e) Suffocation | Y / N | f) Burns  | Y / N | g) During custodial care | Y / N | (h) Illegal Operation | Y / N |

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 clause 53 of the Public Health Regulation 2012. 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 in order 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)*

9. (a) Was there an attempt to obtain a cremation certificate in respect of the body of the deceased? Yes/No
- (b) Why is it not reasonable or practicable to obtain a cremation certificate 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)

....., (Date)

(Signature of authorised witness)

#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 1993*.

\*Please cross out any text that does not apply