



APPLICATION FOR PERMISSION FOR CREMATION OF STILL-BORN CHILD WITH STATUTORY DECLARATION

PUBLIC HEALTH REGULATION, 2012 Clause 80(1)

(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 the remains of (Name of still-born child)

at the (Name of crematorium) 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? (State date and time)

3. Where did the still-birth occur? (State address and location, ie. 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.....
(Applicant)

in the presence of an authorised witness, who states:

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 1993*.

*Please cross out any text that does not apply