

Application form cremation of more than one body in the same crematory retort at the same time



Section 99 Public Health Regulation 2022

Full name of applicant: _____

Applicant's position: _____

Applicant's organisation/employer: _____

Address of applicant: _____

Contact number:

(H): _____ (W): _____ (M): _____

Fax number: _____

(e-mail): _____

Relationship to deceased: _____

Full name of deceased 1: _____

Date of Birth of deceased 1: _____

Full name of deceased 2: _____

Date of Birth of deceased 2: _____

Relationship between deceased people and reason for cremation together: _____

Did you complete the application for cremation for 1? Yes No

Did you complete the application for cremation for 2? Yes No

Has a cremation permit been supplied to the Public Health Unit by Medical Referee or Coroner for both deceased under the Public Health Regulation 2022: Yes No

Signature: _____ Date: ____ / ____ / ____