

Application for Cremation

Crown Lands Management Act 2016
NSW Public Health Regulation (Disposal of Bodies) 2012
Cemeteries and Crematoria Act 2013 and Cemeteries and Crematoria Code of Practice 2018

CREM1

Privacy

The personal information you provide in this application will only be used or disclosed for the purpose of maintaining the cemetery registers as required under the *Crown Lands Management Act 2016, Crematoria and Memorial Gardens Policy*.

Fees and lodgment

Current fees are available by contacting Cemeteries Administration or visiting Tweed Shire Council's Cemeteries web page: <https://www.tweed.nsw.gov.au/community/cemeteries/cemetery-services-products> and scroll to the Related Information at the end of the page.

This form must be lodged with Tweed Shire Council's Cemeteries Administration Office prior to any cremation taking place. Incomplete applications or required documentation will hold back the cremation.

A1. Deceased Details (most recent) – Mr / Mrs / Ms / Other _____ (Please include middle name/s)

Name	<input type="text"/>	Surname	<input type="text"/>
Street	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
		Post Code	<input type="text"/>
Gender	<input type="text"/>	Age	<input type="text"/>
		Date of Birth	<input type="text"/>
		Date of Death	<input type="text"/>

(Enter 0 for stillborn)

A2. Grantee Details

Primary Grantee - Mr / Mrs / Ms / Other _____

Name	<input type="text"/>	Surname	<input type="text"/>
Street	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
		Post Code	<input type="text"/>
Telephone	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>	Relationship to deceased	<input type="text"/>
*Signature of Primary Grantee	<input type="text"/>		

Funeral Director

<input type="text"/>			
Name	<input type="text"/>	Surname	<input type="text"/>
Street	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
		Post Code	<input type="text"/>
*Signed	<input type="text"/>	Dated	<input type="text"/>

A3. Service Details

Delivery	Day	<input type="text"/>	Date	<input type="text"/>	Time	<input type="text"/>	
Cremation	Day	<input type="text"/>	Date	<input type="text"/>	Time	<input type="text"/>	
			Is a viewing required?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Memorial	Day	<input type="text"/>	Date	<input type="text"/>	Time	<input type="text"/>	
<input type="checkbox"/>	Outdoor/Stumpy	<input type="checkbox"/>	Hall	<input type="checkbox"/>	Live Streaming	<input type="checkbox"/>	Kitchen

A4. Cremation Type

Adult Still born/Child <5 years Child 5 < 12 years Child 12 < 16 years

Required Documentation

Application for Permission for Cremation – Form C79(1)

Plus

Attending Practitioners Cremation Certificate – From C82(1) or Cremation Risk Advice
(Not required if death in QLD)

Medical Referees Cremation Permit – Form C84(1)

OR

Coroner's Cremation Permit – From C83(1)

Note: QLD Cremation Risk Certificate Form 2, or Cause of Death Certificate Form 9, Cremations Act 2003 are Permitted.

Required Documentation (for still born child)

Application for Permission for Cremation – Form C80(1)

Plus

Medical Referees Cremation Permit – Form C84(1)

OR

Coroner's Cremation Permit – Form 83(1)

A5. Disposition of the Ashes

Collect by funeral director Collect by Grantee Scatter within grounds

Placed in reserved site Awaiting instruction

Reserved Site Details (previously reserved)

Cemetery

Section

Row

Allotment

Note: An Application for Ashes Interment is to be submitted.

A6. Applicants Declaration

I declare that all the information in this application is true and correct. I acknowledge that by signing this declaration I have read and understood the Conditions and Rules and am in agreement with them or any future changes to the terms.

Applicants Name
(please print)

Applicants Signature

Date

Relationship to the deceased