Application for cremation authorisation

Form 3 (Regulation 18, Schedule 1)

Cemeteries and Crematoria Act 2003 Cemeteries and Crematoria Regulations 2015

This form must always be accompanied by a 'Certificate of registered medical practitioner authorising cremation' (Form 4) unless the application relates to one of the following, in which case the Form 4 is not required:

- the cremation of a still-born child (please check the 'Medical Certificate of Cause of Perinatal Death' form to confirm whether the application relates to a still-born child)
- where an order has been made by a Coroner under section 47 of the Coroners Act 2008
- a deceased person who died interstate or overseas and for whom an authority to cremate has been issued by the Coroner or other person permitted by the law of the jurisdiction where they died to authorise the cremation.

Please complete in block letters

Name of crematorium at which cremation is to take place:

Details of the deceased				OFFICE USE ONLY		
Title:	Given names:				Ref no:	
Surname:					Check no:	
Sex: Male	Female	Age: yrs			Document check:	
Date of birth:	1 1	Date of death: / / 2020		20	Coroner/Doc. cert/other:	
Last known permanent address:						
Suburb/town:			State:	VIC	Post code:	
Religion, if any (please note this field is optional):						
Did the deceased have a spouse or domestic partner at the time of the deceased's death? Yes No						
Applicant for cremation authorisation						
Please note it is important that you advise the cemetery trust of any changes to your contact details as the cemetery trust will use these details to contact you about the cremated remains in the future.						
Title: M	: M Given names: Surna		Surnar	me:		
Address:						
Suburb/town:			State:		Post code:	
Telephone	Home:	,	Work:		Mobile:	
Email:						
Signature of a	pplicant:				Date: / /	



Cremated r	emains		
Following crem	nation, the cremated rem	ains are to be:	
☐ Memorialise	ed at:		
Collected b	y:		
☐ Held at crei	matorium for up to 12 mo	nths after the cremation:	
Other [plea	se specify]:		
the expiry of the	e 12 month period, the ceme		ast 12 months after the cremation. Following ins in any way that it considers appropriate. ollowing details:
Agent detai	ils		
Title:	Given names:	Surname	
Address:			
Suburb/town:		State:	Post code:
Telephone	Home:	Work:	Mobile:
Email:			
Matters rela	ating to the cremation	on	
	service both ends		nce
Location:			
Date of crema	tion: / /	Time:	
Special service	e requirements:		
Other remarks			

Statement by funeral director

This section should be filled out by the funeral director or the person who is otherwise arranging for the cremation of the human remains.

\bigvee	Removal of p	acemaker or	other battery-powered	I device from the	deceased is not	required.
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☑ I have arranged for any pacemaker or other battery-powered device referred to on the 'Medical certificate of cause of death' to be removed from the deceased as required by the relevant cemetery trust.

Company name (if applicable):	ABC Cremations			ADC		
Title: Mr	Given names: Robert			ABC		
Surname:	Nelson					
Address:	PO Box 330			CINEMIALIONS		
Suburb/town:	Moorabbin	State:	VIC	Post code: 3189		
Telephone:	(03) 9532 2111	Fax:				
Email:	mail: info@abccremations.com.au					
Signature of fune	ral director:			Date: / /		

Warning

Under section 132 of the *Cemeteries and Crematoria Act 2003* it is an offence to make a false statement in an application for a cremation authorisation, punishable by a fine of up to 600 penalty units or 5 years imprisonment or both.

Privacy statement

☐ If you wish to receive information about memorialisation goods and services please check this box

Any personal information you provide in your application will be treated in accordance with the principles set out in the *Privacy and Data Protection Act 2014*. You may request access to the information we hold about you and you may request its correction if necessary.

The information you provide is required to enable us to process your application and inform you of matters concerning it. We also need the information to perform our functions, comply with our obligations and exercise our rights under the *Cemeteries and Crematoria Act 2003*. Except for the information you are required to submit under that legislation, you are not obliged to provide any personal information. However, should you choose not to provide this information, we may not be able to process your application or provide the services for which the information is required.

Under the *Cemeteries and Crematoria Act 2003*, we are also required to keep records containing certain information regarding interments, cremations and rights of interment. Members of the public are entitled to access those records.