

Form A

For office use only

Cremation number: _____

Application for Cremation

REGULATIONS MADE BY THE MINISTRY OF HEALTH AND LOCAL GOVERNMENT UNDER SECTION 7 OF THE CREMATION ACT, 1902, AS APPLIED BY SECTION 26 OF THE BELFAST CORPORATION (GENERAL POWERS) ACT (NORTHERN IRELAND), 1948

This application should be made by an executor or nearest relative whenever practicable.

Name of applicant: _____

Surname first, other names in full

Address: _____

Occupation: _____

apply to the

Insert name and address of Cremation Authority: _____

to undertake the cremation of the remains of

Name of deceased: _____

Surname first, other names in full

Address: _____

Occupation: _____

Age: _____ Sex: _____

Whether married or in a Civil Partnership, surviving spouse or Civil Partner or single (never married or never having formed a civil partnership) _____

All the questions should be carefully read and answered.

The true answers to the questions set out below are as follows:-

1. Are you an executor or the nearest relative of the deceased? (State which and if the nearest relative show relationship).	
2. If you are not an executor or nearest relative, state (a) Your relationship to the deceased. (b) The reason why the application is made by you and not by an executor or any nearer relative.	(a) (b)
3. (a) Did the deceased leave any written directions as to the mode of disposal of his or her remains? (b) If so, what?	(a) (b)
4. Have the near relatives of the deceased been informed of the proposed cremation?	

Regulation 6 forbids cremation where the deceased has left written directions to the contrary.

Name of deceased: _____

The term "near relative" as here used includes, surviving spouse or civil partner, parents, children above the age of 16, and any other relative usually residing with the deceased.

5. Has any near relative of the deceased expressed any objection to the proposed cremation? If so, on what ground?	
6. What was the date and hour of the death of the deceased?	
7. What was the place where the deceased died? (<i>Give address and say whether own residence, lodgings, hotel, hospital, nursing home, etc.</i>)	
8. Do you know or have any reason to suspect that the death of the deceased was due, directly or indirectly, to (a) violence or misadventure; (b) unfair means; (c) negligence or misconduct; (d) malpractice on the part of others; (e) any cause other than natural illness or disease for which he or she had been seen and treated by a registered medical practitioner within 28 days prior to death?	
9. Do you know or have any reason to suspect that the death of the deceased occurred while he or she was under an anaesthetic?	
10. Do you know any reason whatever for supposing that an examination of the remains of the deceased may be desirable?	
11. Give name and address of the ordinary medical attendant of the deceased.	
12. Give names and addresses of the medical practitioners who attended deceased during his or her last illness.	

Declaration by Applicant

THIS DECLARATION MUST BE MADE BEFORE A JUSTICE OF THE PEACE OR A COMMISSIONER FOR OATHS

I do hereby solemnly and sincerely declare that all the particulars stated above are true, and that to the best of my knowledge and belief no material particular has been omitted; and I make this solemn declaration conscientiously believing the same to be true and by virtue of the Statutory Declaration Act, 1835.

Signature: _____

Declared at: _____

the _____ day of _____ before me.

Signature: _____

Description: _____