Application for cremation authorisation for deceased persons of known identity

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	deceased	OFFICE USE ONLY			
Title:	Given names:		Ref no:		
Surname:			Check no:		
Sex: Male Female Age:			Document check:		
Date of birth:	/ / Dat	Coroner/Doc. cert/other:			
Last known p	ermanent address:				
Suburb/town:		State:	Post code:		
Religion, if an	y (please note this field is	optional):			
Did the decea	ased have a spouse or do	mestic partner at the time of the c	leceased's death?		
Applicant	for cremation autho	risation			
		rise the cemetery trust of any char contact you about the cremated r	nges to your contact details as the emains in the future.		
Title:	Given names:	Surna	Surname:		
Address:					
Suburb/town:		State:	Post code:		
Telephone	Home:	Work:	Mobile:		
Email:					



Cremated i	remains		
Following crei	mation, the cremated rema	ins are to be:	
☐ Memorialis	sed at:		
Collected b	by:		
Held at cre	ematorium for up to 12 mor	nths after the cremation:	
Other [plea	ase specify]:		
cremation. Fo	ollowing the expiry of the 12 nsiders appropriate.	quired to hold the cremated remains 2 month period, the cemetery may d 5 collect the cremated remains provi	lispose of the cremated remains in any
Agent deta	nils		
Title:	Given names:	Surname	
Address:			
Suburb/town:		State:	Post code:
Telephone	Home:	Work:	Mobile:
Email:			
	ating to the cremation	on meet at cemetery ☐ no attendance	се
Location:			
Date of crema	ation: / /	Time:	
Special service	ce requirements:		
Other remarks	s:		
Statement	by funeral director		
This section s of the human		uneral director or the person who is	otherwise arranging for the cremation
Removal	of pacemaker or other batte	ery-powered device from the deceas	ed is not required.
		or other battery-powered device refer the deceased as required by the rele	

Statement by funeral director (continued)

Company na (if applicable	me): <mark>Mornington Peninsula Funer</mark> a	NAP				
Title:	Given names:		mornington PENINSULAFUNERALS			
Surname:			MORNINGTON PENINSULA FUNERALS Pty Ltd			
Address: 3/5	Trewhitt Crt,		ABN 50 636 099 119			
Suburb/town	: Dromana	State: Vic	Post code: 3938			
Telephone	Home: 03 5982 0086	Work: 03 5982 0086	Mobile: 0490 603 344			
Email: info@	mpfunerals.com.au					
Signature of	funeral director:		Date: / /			
Warning						
			ence to make a false statement in an penalty units or 5 years imprisonment			
I have read a	and understood all the information	on in this application.				
Signature of	applicant:		Date: / /			

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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.