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| --- |
| Application for cremation authorisation of bodily remains of unknown name or with an identifier |
| Form 3A (Regulation 18, Schedule 1) Cemeteries and Crematoria Regulations 2015 |

This form must always be accompanied by an approval from the Secretary under section 134 of the *Cemeteries and Crematoria Act 2003*.

# Applicant for cremation authorisation

|  |  |
| --- | --- |
| Title |  |
| Given names |  |
| Surname |  |
| Address |  |
| Suburb/town |  |
| State |  |
| Post code |  |
| Telephone home |  |
| Telephone work |  |
| Telephone mobile |  |
| Email |  |

# Name and address of source of bodily remains

|  |  |
| --- | --- |
| Title |  |
| Given names |  |
| Surname |  |
| Address |  |
| Suburb/town |  |
| State |  |
| Post code |  |
| Telephone home |  |
| Telephone work |  |
| Telephone mobile |  |
| Email |  |

**Examples:** Examples of sources of bodily remains include schools of anatomy, body donor programs, universities, museums and body parts exhibitions.

# Reference number of container holding bodily remains

|  |  |
| --- | --- |
| Reference number |  |

**Note:** A container reference number is assigned by the entity which is the source of the bodily remains, or the applicant for cremation authorisation. The container is to include a list of the identifiers assigned to the bodily remains in the container.

**Note:** Regulation 26 prescribes the requirements for a container enclosing bodily remains and body parts, to be cremated in a public cemetery.

# Identifier assigned to bodily remains

**Note:** The identifier may be assigned by the entity which is the source of the bodily remains or the applicant for cremation authorisation.

**Note:** The entity which is the source of the bodily remains should keep records of container reference numbers, identifiers and the date, name and address of the crematorium where the bodily remains are disposed.

# Name and address of crematorium at which cremation is to take place

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Suburb/town |  |
| State |  |
| Post code |  |
| Telephone home |  |
| Telephone work |  |
| Telephone mobile |  |
| Email |  |

# Cremated bodily remains

Following cremation, the cremated bodily remains are to be:

|  |  |
| --- | --- |
| Interred or other (please specify) |  |

**Note:** For instance if the cremated bodily remains are scattered in a designated area in a public cemetery, this should be identifiable and possible to locate.

# 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 bodily remains.

|  |  |
| --- | --- |
| Removal of pacemaker or other battery-powered device from the deceased is not required. Yes / No (please specify) |  |
| I have arranged for any pacemaker or other battery-powered device to be removed from the bodily remains as required by the relevant cemetery trust. Yes / No (please specify) |  |

|  |  |
| --- | --- |
| Company name (if applicable) |  |
| Title |  |
| Given names |  |
| Surname |  |
| Address |  |
| Suburb/town |  |
| State |  |
| Post code |  |
| Telephone Home |  |
| Telephone Work |  |
| Telephone Mobile |  |
| Email |  |
| Signature of funeral 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.

I have read and understood all the information in this application.

|  |  |
| --- | --- |
| Signature of applicant |  |
| Date |  |