*Cemeteries and Crematoria Act 2003* | Cemeteries and Crematoria Regulations 2025 | Regulation 31 | Form 10

10

Application for cremation authority – body parts with an identifier or container reference number

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| Notes | | | | |  | OFFICE USE ONLY | | |
|  | Ref: | | |
| 1. Section 1 of this form must be completed by a person supplying prescribed information (**prescribed person**) listed in section 151(3)(a) to (c) of the *Cemeteries and Crematoria Act 2003* or regulation 21(a) to (f) of the Cemeteries and Crematoria Regulations 2025. Refer to the list of **prescribed persons** in Section 1. 2. Section 2 of this form must be completed by the person submitting the application (**applicant**). 3. The **prescribed person** and the **applicant** may be the same person (e.g. an authorised representative of a tissue bank) or two different people (e.g. an inspector of a school of anatomy is the prescribed person and an administration manager is the applicant). 4. If the **prescribed person** and the **applicant** are the same person, they will be required to sign this form once in their capacity as the prescribed person and a second time in their capacity as the applicant. 5. The **applicant** should keep a record of the identifiers for all body parts within a container and, if known, the names of the persons to whom the body parts belonged. | | | | | | | | |
| Section 1 *This section must be completed by a prescribed person. Refer to the list of prescribed persons below.* | | | | | | | | |
| Full name: | | | | | | | | |
| Entity name, if any (e.g. hospital, school of anatomy, tissue bank, Victorian Institute of Forensic Medicine, museum, university): | | | | | | | | |
| Street address: | | | | | | | | |
| Suburb/town/city: | | | | State: | | | Postcode: | |
| Telephone number(s): | | | | | | | | |
| Email: | | | | | | | | |
| Select the class of prescribed person to which the person belongs:  registered medical practitioner who treated the person to whom the body parts belonged  registered medical practitioner of the hospital where the person to whom the body parts belonged was treated  coroner  inspector of a school of anatomy  head of school of anatomy  the Secretary  authorised representative of a tissue bank  the Victorian Institute of Forensic Medicine  the the person who was pregnant with the foetus. | | | | | | | | |
| Identifier or container reference number for the body parts: | | | | | | | | |
| Description of the body parts to be cremated: | | | | | | | | |
| Signature: | | | | | | | Date:    /    / | |
| Section 2 *This section must be completed by the applicant. The applicant and the prescribed person may be the same person.* | | | | | | | | |
| Applicant’s details | | | | | | | | |
| Is the prescribed person identified above also the applicant submitting this application?  Yes *(proceed to* ***Place of cremation****)*  No | | | | | | | | |
| Applicant name (natural person or body corporate (e.g. hospital, school of anatomy, tissue bank, Victorian Institute of Forensic Medicine, museum, university)): | | | | | | | | |
| If the applicant is not a natural person, name of the contact person for the applicant: | | | | | | | | |
| Street address: | | | | | | | | |
| Suburb/town/city: | | | | State: | | | Postcode: | |
| Telephone number(s): | | | | | | | | |
| Email: | | | | | | | | |
| Place of cremation | | | | | | | | |
| Name of crematorium: | | | | | | | | |
| Date of cremation:    /    / | | | | | | | | |
| Details of funeral director or person arranging the cremation | | | | | | | | |
| Is the applicant arranging the cremation of the body parts?  Yes *(proceed to* ***Cremated remains****)*  No *(provide details below of the funeral director or person arranging the cremation on behalf of the applicant)* | | | | | | | | |
| Company name (if any): | | | | | | | | |
| Full name: | | | | | | | | |
| Street address: | | | | | | | | |
| Suburb/town/city: | | | | State: | | | Postcode: | |
| Telephone number(s): | | | | | | | | |
| Email: | | | | | | | | |
| Cremated remains | | | | | | | |
| Following cremation, the cremated remains are to be: | | | | | | | |
|  | Interred at a public cemetery (specify cemetery):  *Note: The cemetery trust must authorise the interment of cremated human remains (section 141 of the Cemeteries and Crematoria Act 2003).* | | | | | | |
|  | Type of place of interment (specify type, e.g. grave, vault, mausoleum crypt, wall niche, memorial plant, garden bed, lawn or plot): | | | | | | |
|  | Location of place of interment (specify the location, e.g. section, row, number or other geographical locator): | | | | | | |
|  | Date of interment (optional):    /    / | | | | | | |
|  | Other (specify): | | | | | | |
| Statement by funeral director or person arranging cremation *This section should be completed by the funeral director or the person who is arranging for the cremation of the body parts.* | | | | | | | | |
| Select one of the following options: | | | | | | | | |
|  | The body parts contain no pacemaker or battery-powered device. | | | | | | |
|  | I have arranged for the pacemaker or other battery-powered device to be removed from the body parts. | | | | | | |
|  | The pacemaker or other battery-powered device has not been removed from the body parts as this is not required by the cemetery trust. | | | | | | |
| Signature of funeral director/ person arranging cremation: | |  | | | | Date:    /    / | |
| Applicant’s signature | | | | | | | | |
| Signature of applicant: | | | | | | | Date:    /    / | |
|  | | | | | | | | |
| **Collection notice** | | | | | | | | |
| 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. | | | | | | | | |