*Cemeteries and Crematoria Act 2003* | Cemeteries and Crematoria Regulations 2025 | Regulation 28 | Form 7

7

Application for cremation authority – body parts (excluding foetal remains)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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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 (e) 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. the Victorian Institute of Forensic Medicine) or two different people (e.g. a registered medical practitioner is the prescribed person and the person to whom the body parts belonged 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. | | | | | | | | | | | | | |
| 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): | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | |
| Full name of the person to whom the body parts belonged: | | | | | | | | | | | | | |
| 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* ***Relationship of the applicant to the person to whom the body parts belonged****)*  No | | | | | | | | | | | | | |
| Applicant name (natural person or body corporate (e.g. hospital, school of anatomy, tissue bank)): | | | | | | | | | | | | | |
| 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: | | | | | | | | | | | | | |
| Relationship of the applicant to the person to whom the body parts belonged: | | | | | | | | | | | | | |
| Person to whom the body parts belonged | | | | | | | | | | | | | |
| Sex:  Male  Female  Other  Don’t know  Prefer not to say | | | | | | | | | | | | | |
| Date of birth:    /    / | | | | | | Date of death (if applicable):    /    / | | | | | | | |
| Last known permanent street address: | | | | | | | | | | | | | |
| Suburb/town/city: | | | | | | | | State: | | | Postcode: | | |
| Is the person to whom the body parts belonged an identified veteran (optional)?  Yes  No  Don’t know | | | | | | | | | | | | | |
| Place of cremation | | | | | | | | | | | | | |
| Name of crematorium: | | | | | | | | | | | | | |
| Cremation and funeral arrangements *Details of the funeral director or the person arranging for the cremation and the funeral service (if any).* | | | | | | | | | | | | | |
| Company name (if any): | | | | | | | | | | | | | |
| Full name: | | | | | | | | | | | | | |
| Street address: | | | | | | | | | | | | | |
| Suburb/town/city: | | | | | | | | State: | | | Postcode: | | |
| Telephone number(s): | | | | | | | | | | | | | |
| Email: | | | | | | | | | | | | | |
| Dimensions of coffin, container or receptacle: | | | | | | | Length: | | Width: | | | | Depth: |
| Material of which coffin, container or receptacle is constructed (specify, e.g. wood):  *Note: The coffin, container or receptacle must be clearly labelled in accordance with regulation 42.* | | | | | | | | | | | | | |
| Services (if any) being conducted:  Funeral service at a venue within the cemetery prior to cremation  Funeral service at a location outside the cemetery prior to arrival at the cemetery for cremation  Funeral service at the crematorium to witness the commencement of the cremation  Viewing at the crematorium prior to the cremation  No funeral service prior to cremation (no attendance) | | | | | | | | | | | | | |
| Date and time of funeral service (if any): | | | | | | | | | | | | | |
| Date and time of cremation: | | | | | | | | | | | | | |
| Cultural requirements post cremation (e.g. bone sort): | | | | | | | | | | | | | |
| Other requirements: | | | | | | | | | | | | | |
| 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).* | | | | | | | | | | | |
|  | Collected by: | | | | | | | | | | | |
|  | |  | Funeral director  Applicant  Applicant's agent *(complete* ***Agent's details*** *section below)* | | | | | | | | | |
|  | |  | Held at crematorium (for up to 12 months after the cremation)  *Note: Cemetery trusts are required to hold the cremated remains for at least 12 months after the cremation. Following the expiry of the 12 month period, the cemetery trust may dispose of the cremated remains in any way that it considers appropriate.* | | | | | | | | | |
|  | Other (specify, e.g. to be posted, urgent collection within 24 hours): | | | | | | | | | | | |
| Agent’s details *If you would like to nominate an agent to collect the cremated remains, please attach a letter of authority and provide the following details.* | | | | | | | | | | | | | |
| Letter of authority attached | | | | | | | | | | | | | |
| Full name of agent: | | | | | | | | | | | | | |
| Street address: | | | | | | | | | | | | | |
| Suburb/town/city: | | | | | | | | State: | | | Postcode: | | |
| Telephone number(s): | | | | | | | | | | | | | |
| Email: | | | | | | | | | | | | | |
| 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** | | | | | | | | | | | | | |
| **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. | | | | | | | | | | | | | |