Form 1
Queensland
Cremations Act 2003
(Section 6(1))
APPLICATION FOR A PERMISSION TO CREMATE

Please print all information on this form.

To:

☐ Coroner
☐ Independent Doctor

(The application has to be to a coroner if an autopsy was or is being conducted under the Coroners Act 1958 or the Coroners Act 2003. Otherwise the application is to be made to an independent doctor – section 5 of the Cremations Act 2003.)

I, _____ ,
(print name in full)

whose address for service to be included on the Permission to Cremate is:

_____

_____
(print address for service in full)

Telephone No: _____

apply for a permission to cremate the human remains of:

Name of deceased person: _____

Usual or last known address of deceased person *(if known)*: _____

_____

Date and place of death of deceased person *(if known)*: _____

Age of deceased person: *(if known)*: _____ Date of birth of deceased person *(if known)*: _____

1. ***(Complete either A or B - use B only if an agent)***

A. ***(Tick one box only)***

I am a:

☐ spouse
☐ child who is at least 18 years
☐ parent
☐ brother who is at least 18 years
☐ sister who is at least 18 years
☐ appropriate person according to the tradition or custom of the community to which the deceased person belonged *(only applies if the deceased was an Aboriginal or Torres Strait Islander)*
☐ personal representative *(under section 36 of the Acts Interpretation Act 1954 a personal representative is the deceased person's executor or administrator)*

of the deceased person.

☐ another adult person who is making the application because:

_____
(print here reason why none of the persons referred to above have made the application, eg, none of the persons referred to above are available.)

B. I am an agent of a person referred to in A namely:

_____
(print particular person referred to in A, eg, spouse/sister who is at least 18 years)

2. ***(Tick one box only)***

☐ The deceased person left/did not leave *(delete whichever does not apply)* signed instructions that his/her *(delete whichever does not apply)* human remains be cremated.

☐ I do not know whether the deceased person left instructions that his/her *(delete whichever does not apply)* human remains be cremated.

Note: If the deceased person left signed written instructions that his/her human remains be cremated then:

- *if the personal representative is arranging the disposal of the human remains he/she must ensure an application for a permission to cremate is made (section 7(2) of the Cremations Act 2003); and*
- *there is no obligation to have regard to any objections to the cremation (section 8(1) of the Cremations Act 2003).*

3. ***(Tick one box only)***

☐ To the best of my knowledge I am not aware that any of the following people have any objection to the cremation of the human remains of the deceased person: spouse, adult child, parent or personal representative.

☐ The deceased person's spouse, adult child, parent or personal representative *(delete whichever does not apply)* has objected to the cremation of the human remains of the deceased person.

Note:
The Permission to Cremate cannot be issued if there is an objection from one of the persons referred to (section 8(2) of the Cremations Act 2003) ***unless*** *the deceased person left signed written instructions that his/ her human remains be cremated (section 8(1) of the Cremations Act 2003).*

4. ***(Tick one box only)***

☐ The deceased person's human remains contain a cremation risk *(please specify, eg, cardiac pacemaker):*

_____

☐ The deceased person's human remains do not contain a cremation risk.

☐ I do not know whether the deceased person's human remains contain a cremation risk.
Note: Human remains pose a cremation risk if the remains contain something that, if cremated, might expose someone to the risk of death, injury or illness (for example, a cardiac pacemaker or radioactive implant: section 6(7) of the Cremations Act 2003).

5. ***(Complete only where the application is to an independent doctor. Tick one box only.)***

The following documents accompany this application to an independent doctor:

☐ copy of cause of death certificate issued for the deceased person; and a cremation risk certificate for the deceased person
(Note: a cremation risk certificate is not necessary if the cause of death certificate is not a Queensland cause of death certificate ***and*** *a cremation risk certificate has not been issued for the deceased person – section 6(4) and (5) of the Cremations Act 2003.)*

☐ a certificate that authorises the release of the body given by a coroner, or person holding a position equivalent to a coroner, at the place where the death happened.

Name, address and telephone number of person nominated to be sent the permission to cremate ***(Section 6(9) of the Cremations Act 2003). (Complete only if this person is different from the applicant.):***

Name: _____

Address: _____

_____ Telephone number: _____

Signature of person making the application: _____

Date of application: _____

Note:
1. *The address for service is the address which will be used by the crematorium to give notice if it decides to bury any unclaimed ashes after one year: section 11 of the Cremations Act 2003.*
2. *The application can be sent to the coroner or independent doctor by fax or other electronic means: section 6(3) of the Cremations Act 2003.*
3. *The permission to cremate can be sent to the applicant, or person nominated by the applicant, by fax or other electronic means: section 6(9) of the Cremations Act 2003.*
4. *Section 16 of the Cremations Act 2003 makes it an offence to give false or misleading information in a material particular to a coroner or independent doctor. The maximum penalty that can be imposed is 80 penalty units ($6000).*