

# Permission to Cremate

Form F Cremation Regulations 1973 Regs 4(2) and 7(8)

Consecutive cremation number: \_\_\_\_\_

## PERMISSION TO CREMATE AT:

☐ Manukau Memorial Gardens ☐ North Shore Memorial Park ☐ Waikumete Cemetery

This permission should be signed:

- one copy to be retained with the application papers
- the other sent by the Medical Referee to the Funeral Director

The Medical Referee should attach to the application papers a statement of any special inquiries which he or she may have seen fit to make before issuing the permission to cremate.

Whereas application has been made for the cremation of the body of:

Full name of deceased: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Funeral Director: \_\_\_\_\_

And whereas I have satisfied myself -

1. That all the requirements of the Burial and Cremation Act 1964 and the Cremation Regulations 1973 have been complied with; and
2. That either:
  - The cause of death has been definitely ascertained or that
  - A certificate in Form C has been given by a coroner; and
3. That no reason exists for any further inquiry or examination.

Now, therefore, I hereby permit the cremation authority of the Auckland Council cemeteries to cremate the said body.

Permission Granted By: ☐ Medical Referee ☐ Deputy Medical Referee  
☐ Second Deputy Medical Referee ☐ Medical Officer of Health

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## PRIVACY STATEMENT:

The personal information that you provide in this form will be held and protected by Auckland Council in accordance with our privacy policy (available at [aucklandcouncil.govt.nz/privacy](http://aucklandcouncil.govt.nz/privacy) and at our libraries and service centres) and with the Privacy Act 1993. Our privacy policy explains how we may use and share your personal information in relation to any interaction you have with the council, and how you can access and correct that information. We recommend you familiarise yourself with this policy.