

Register of cremation



Form H Cremation Regulations 1973 Reg 9(1)

Consecutive Cremation number: _____

REGISTER OF CREMATION AT:

- Manukau Memorial Gardens North Shore Memorial Park Waikumete Cemetery

DECEASED'S DETAILS:

- Mr Mrs Ms Miss

Gender: Male Female

Full name of deceased: _____

Known as: _____

Age: _____

Date of Medical Referee's permission or other authority: _____

Date of cremation: _____ Time of cremation: _____

Date of disposal of ashes: _____ Method of disposal of ashes: _____

Full name of person receiving ashes: _____

- Cremation Certificate Yes wooden urn plastic urn urn provided

Signature of person receiving ashes: _____

Grounds of recipient's claim (i.e. Applicant for cremation, relative of the deceased - state relationship)

All ashes must be collected within 28 days of cremation.

- Collected by applicant for cremation
- Collected by relative; state relationship _____ Form of photo ID _____
- Collected by funeral director
- Retain for scatter by cemetery staff (application for scattering of ashes form to be completed)

FUNERAL DIRECTOR'S DETAILS:

Funeral company: _____

Funeral director: _____

Phone: _____ Fax: _____

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 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.