www.nelsoncitycouncil.co.nz cremation.registrar@ncc.govt.nz



Consecutive number: _____

PERMISSION TO CREMATE

The Cremation Regulations 1973 Reg. 4(2), 7(8)

FORM F

		(Cremation Registrar to complete)
Application has been made for the cremation of the body of:		
Full Name of Deceased: First	Surname	
Address:		
Occupation:		
And I have satisfied myself—		
 that all the requirements of the Burial and Cremation Act 1964 and the Cremation Regulations 1973 have been complied with; and 		
2. *that 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 Wakapuaka Crematorium to cremate the said body.		
Permission Granted By: [tick one]	☐ Medical Referee	☐ Deputy Medical Referee
	☐ Second Deputy Medical Referee	☐ Medical Officer of Health
Signature:	Date: /	/
Full Name: First	Surname	

Note:

- 1. Delete all inappropriate alternatives where an asterisk appears.
- 2. This permission should be signed in duplicate; one copy to be retained with the application papers and the other sent by the Medical Referee to the attendant at the crematorium. The Medical Referee should attach to the application papers a statement of any special inquiries which he may have seen fit to make before issuing the permission to cremate.