



# 990 Cremations

1300 932 768

## AUTHORISATION FOR DEALING WITH ASHES

This completed form is to be submitted to the officer in charge of the crematorium together with the documents required under the Cremations Act 2003.

To: \_\_\_\_\_  
(name of crematorium operation)

I, \_\_\_\_\_ am the applicant named in  
(full name)

Form 1 of the Cremations Act 2003 "Application for Permission to Cremate" for

\_\_\_\_\_  
(full name of deceased person)

**I direct that the ashes of the above named person be:**

**CREMATION CERTIFICATE REQ.**

**(Tick one box only)**

Collected by the applicant named above to be contacted on details noted below

Taken by \_\_\_\_\_

Held at the crematorium pending further advice by the applicant

Placed in a pre-arranged site at the crematorium

\*\* Collected by the Funeral Director of Elysian Fields Funerals

Disposed of at the crematorium

Other: \_\_\_\_\_

**Address for further contact in relation to ashes;**

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Signature of person: \_\_\_\_\_ Date of authorisation: \_\_\_\_\_

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**\*\* Funeral Director's Use Only \*\***

Funeral Directors Reference Number \_\_\_\_\_

\*\* Once ashes are collected by Funeral Director, the following instructions apply;

\_\_\_\_\_  
\_\_\_\_\_

Date Action to be completed by \_\_\_\_\_