

## 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: \_\_\_\_\_

-----  
\*\* 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 \_\_\_\_\_



Queensland Government

**Metro South Health**

**Authority to Release Deceased Body**

Facility: .....

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex:  M  F

I, .....  
(print name)

being the personal representative / senior available next of kin (cross out as applicable) and the person responsible for making funeral arrangements for the late:

Deceased's full legal name: .....

Date of Birth: ..... Sex/Gender: .....

Last Residential Address: .....

hereby authorise .....  
(insert name of Funeral Director)

to take possession of the deceased for the purpose of conducting funeral arrangements.

Signed: .....

Date: .....

In the event the personal representative/senior available next of kin is not available to sign this authorisation, then a Justice of the Peace who has received verbal instructions from that person to remove the deceased may sign in their absence to confirm the authority granted to remove the deceased's body.

Signed: .....  
(Justice of the Peace)

Print Name: .....

Date: .....

**This authority must be presented to mortuary staff for release. Under no circumstances can release take place in the absence of a signed Authority to Release form.**

DO NOT WRITE IN THIS BINDING MARGIN

V1.0 01/2021



MSH400

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).*

Form 8 (Version 7)

# Death registration application

Effective as of 22/01/2013

*Births, Deaths and Marriages Registration Act 2003* (Section 29)

*Relationships Act 2011*

Please print clearly using block letters and **do not** use correction fluid/tape.

Office use only

Registration number

District

Reg no. (if deceased is less than 2 yrs)

## 1. Details of the deceased at time of death

First names				
Surname				
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of death	____ / ____ / ____	
Date of birth* (if known)	____ / ____ / ____	Age	____ (years)	____ (months) ____ (days)
Place of death (full address of home, hospital, nursing home etc.)				Office use only
	Postcode			
Residential address* (street and suburb, not post box)	Postcode			
Usual occupation during working life				
Was the deceased retired?*	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Place of birth (town/city and Australian state or town/city and country if born overseas)				
If born overseas, in what year did the deceased first arrive in Australia?				
Was the deceased of Aboriginal or Torres Strait Islander origin?*	<input type="checkbox"/> No <input type="checkbox"/> Yes (Aboriginal) <input type="checkbox"/> Yes (Torres Strait Islander) <input type="checkbox"/> Yes (Aboriginal and Torres Strait Islander)			
What was the relationship status of the deceased at the time of death?	<input type="checkbox"/> Never married <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Registered relationship <input type="checkbox"/> De facto <input type="checkbox"/> Unknown			

## 2. Marriages or registered relationships of the deceased

List all marriages or registered relationships of the deceased starting with the earliest  
Do not include details of de facto relationships. Please indicate whether a Marriage (M) or a registered relationship (R).  
If more than one, attach a separate sheet with details.

Place of event (town/city and Australian state or town/city and country if overseas)	Marriage (M) or registered relationship (R)	Deceased's age at time	First names of spouse or registered partner (at time of event)	Surname of spouse or registered partner (at time of event)
		____ years		
		____ years		
		____ years		
		____ years		

## 3. Parents' details of the deceased

Father's or parent's first names	
Father's or parent's surname	
Father's or parent's occupation during working life	
Mother's or parent's first names	
Mother's or parent's maiden surname	
Mother's or parent's occupation during working life	

\* All items marked with an asterisk (\*) are for statistical or administrative purposes only. These will not appear in the Register of Deaths.

#### 4. Children of the deceased

##### List the first names of all the deceased's children

List names in order of their birth (from oldest to youngest). If the child is deceased enter 'D' in age column. If not born alive enter 'SB' in age column. If more than five children, attach a separate sheet with their details. Include legally adopted children. If no children write 'None'.

First names of children	Date of birth*	Age
	___ / ___ / ___	
	___ / ___ / ___	
	___ / ___ / ___	
	___ / ___ / ___	
	___ / ___ / ___	

#### 5. Burial/cremation notice (Section 32)

How were the remains of the deceased disposed of?	<input type="checkbox"/> Cremation	<input type="checkbox"/> Burial
Name of cemetery or crematorium		
Name of minister/reader (initials and surname)*		
Denomination*	Date of cremation or burial*	___ / ___ / ___
Or removal out of Queensland for burial or cremation at (place of burial or cremation)* Attach completed Form 12	Date of cremation or burial*	___ / ___ / ___

#### 6. Certification by funeral director

Name of funeral director (initials and surname)		
Name of firm*		
Firm's address*		Postcode
Telephone (daytime number*)		
How was the cause of death certified?*	<input type="checkbox"/> Cause of death certificate issued	<input type="checkbox"/> Autopsy ordered by coroner
Signature*		

#### 7. Declaration

I certify that the information on this form is correct for the purpose of being inserted in the Register of Deaths		
Full name		
Relationship to deceased		
Current residential address (street and suburb)		Postcode
Telephone (daytime number*)	Signature*	
Date*	___ / ___ / ___	

#### Privacy statement

The collection of information on this form is authorised by the *Births, Deaths and Marriages Registration Act 2003*. It is used for the purpose of the Act which includes registering deaths in Queensland and issuing death certificates.

The information on this form may be provided to law enforcement agencies and to government and non-government agencies for verification of data. Access to this information or to a certificate may be granted to any person who has an adequate reason to obtain it, or who meets the requirements of the access policy. To obtain details about the access policy and rights of access to this information contact the registry on **1300 366 430**. For general information about the registry visit [www.justice.qld.gov.au](http://www.justice.qld.gov.au).

\*All items marked with an asterisk (\*) are for statistical or administrative purposes only. These will not appear in the Register of Deaths.