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| Application for cremation authorisation of body parts of unknown name with an identifier  |
| Form 3B (Regulation 21A, Schedule 1) Cemeteries and Crematoria Regulations 2015 |

# Applicant for cremation authorisation

|  |  |
| --- | --- |
| Title |  |
| Given names |  |
| Surname |  |
| Address |  |
| Suburb/town |  |
| State |  |
| Post code |  |
| Telephone home |  |
| Telephone work |  |
| Telephone mobile |  |
| Email |  |

# Name and address of source of body parts

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Suburb/town |  |
| State |  |
| Post code |  |
| Telephone home |  |
| Telephone work |  |
| Telephone mobile |  |
| Email |  |

**Examples:** Examples of sources of body parts include schools of anatomy, body donor programs, universities, museums and body parts exhibitions.

# Reference number of container holding body parts

|  |  |
| --- | --- |
| Reference number |  |

**Note:** A container reference number is assigned by the entity which is the source of the body parts, or the applicant for cremation authorisation. The container is to include a list of the identifiers assigned to the body parts contained in the container.

**Note:** Regulation 26 prescribes the requirements for a container enclosing bodily remains and body parts, to be cremated in a public cemetery.

# Identifier assigned to body parts

**Note:** The identifier may be assigned by the entity which is the source of the body parts or by the applicant for cremation authorisation.

**Note:** The entity which is the source of the body parts provides and keeps records of container reference numbers, identifiers and the date, name and address of the crematorium where the body parts are disposed.

# Name and address of crematorium at which cremation is to take place

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Suburb/town |  |
| State |  |
| Post code |  |
| Telephone home |  |
| Telephone work |  |
| Telephone mobile |  |
| Email |  |

# Cremated body parts

Following cremation, the cremated body parts are to be:

|  |  |
| --- | --- |
| Interred or other (please specify) |  |

**Note:** For instance if the cremated body parts are scattered in a designated area in a public cemetery, this should be identifiable and possible to locate.

# Statement by funeral director

This section should be filled out by the funeral director or the person who is otherwise arranging for the cremation of the human remains.

|  |  |
| --- | --- |
| Removal of pacemaker or other battery-powered device from the body parts is not required. Yes / No (please specify) |  |
| I have arranged for any pacemaker or other battery-powered device to be removed from the body parts as required by the relevant cemetery trust. Yes / No (please specify) |  |

|  |  |
| --- | --- |
| Company name (if applicable) |  |
| Title |  |
| Given names |  |
| Surname |  |
| Address |  |
| Suburb/town |  |
| State |  |
| Post code |  |
| Telephone Home |  |
| Telephone Work |  |
| Telephone Mobile |  |
| Email |  |

# Warning

Under section 132 of the *Cemeteries and Crematoria Act 2003*it is an offence to make a false statement in an application for a cremation authorisation, punishable by a fine of up to 600 penalty units or 5 years imprisonment
or both.

I have read and understood all the information in this application.

|  |  |
| --- | --- |
| Signature of applicant |  |
| Date |  |