



Ann's Funeral Home & Onsite Cremations

Service with pride and dignity

Register of Cremation

Form H Cremation Regulation 1973 Reg 9(1)

Consecutive Cremation No : _____

Our Reference : _____

DECEASED DETAILS

Mr Mrs Ms Miss

Surname: _____ First Name: _____

Known as : _____ Religion: _____

Date of Birth : _____ Age: _____ Place of birth: _____

Date of death: _____ Place of death: _____

Medical Referee: _____ Date of approval: _____

Date of Cremation: _____ Time of Cremation: _____

COLLECTION OF ASH

Please note that Ash must be collected within 6 months from the date of cremation. Ashes not removed within the prescribed period may be disposed of by the Ann's Funeral Services Ltd in accordance with the provisions of Cremation Regulation 1973

To be collected by :

Family

Funeral Director

Requested Date and Time : _____

Name of person receiving Ashes : _____

Signature: _____ Relationship: _____ Date : _____ Time: _____

Funeral Company: _____ Phone: _____

AUTHORITY TO DISPOSE ASH BY CREMATORIUM AUTHORITY

I request that the ash be disposed by Ann's Funeral Services Ltd as per method of disposal stated under Section 8 (2) of Cremation Regulation 1973. (AFS Ltd will dispose ash by scattering at sea).

Signature: _____ Date : _____

For Official Use Only :

Cremation Number : _____

Time & Date of Cremation: _____



Owned and operated by : **Ann's Funeral Services Ltd**
11c Bolderwood Place, Wiri, Auckland. P O Box 13201 Onehunga, Auckland, New Zealand
Phone : 2788600 – 021395723 – 2152245 FAX : 2788604
Website : www.annsfuneral.co.nz Email: sam@annsfuneral.co.nz



Application for Cremation at



Ann's Funeral Home & Onsite Cremations

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APPLICANTS DETAILS :

Full Name : _____

Address: _____

Occupation: _____ Email: _____

Phone : (H) _____ (W) _____ Mobile: _____

DECEASED'S DETAILS :

I apply to the above crematorium to undertake the cremation of the body of late

Surname : _____ First Name: _____

Address: _____

Occupation: _____ Age: _____

Relationship status

- was or had the deceased been married, in a civil union, or in a de facto relationship; or
 was the deceased a surviving spouse or partner of a marriage, civil union, or de facto relationship; or
 had the deceased never been married, in a civil union or in a de facto relationship

1. Are you an executor of the deceased? Yes No
2. Are you a relative of the deceased? Yes No If so state relationship: _____

If you are not an executor or a near relative state why this application is made by you and not by an executor or near relative?

3. Have the near relatives* of the deceased been informed of the proposed cremation? Yes No
4. If this application is not by an executor, is there an executor of the deceased? Yes No
If there is an executor, has he/she been informed of the proposed cremation? Yes No
5. To the best of your knowledge and belief, has any near relative or executor of the deceased expressed any objection to the proposed cremation? Yes No

If yes, on what grounds : _____

6. Place of Death: Please provide institution and address:

7. Date of death : _____ Time of death : _____



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8. Do you know any reason to suspect that the death was due, directly or indirectly to :

- a) Violence Yes No
- b) Poison Yes No
- c) Privation or Neglect Yes No
- d) Illegal operation Yes No

9. Do you know any reason whatever for supposing that an examination of the body of the deceased may be desirable?

10. Do you know or have any reason to suspect that the body of the deceased contains a cardiac pacemaker or other biomechanical device? Yes No

11. Give name and address of the ordinary medical attendant of the deceased:

12. Give names and addresses of all medical practitioners who attended the deceased during his/her final illness?

13. Who were the persons present (if any) at the time of death

14 Was the deceased a member of a religious denomination whose tenets require the burning of the body to be carried out as a religious rite elsewhere than an approved crematorium? Yes No

If so, give the name by which that religious denomination is known? _____

DECLARATION

I hereby certify that the casket does not contain any materials such as : Alcohol , Ammunition , explosive material, watch and any items with batteries, brash helmets and hardhats, die cast metals, aluminium and copper, footwear made from PVC/rubber, lighters, laptop computers, mobile phones, pacemakers, prosthetic limbs, products that are volatile. I also certify with the view to procuring the cremation of the body of the above named deceased, that all particulars stated in this document are true and to the best of my knowledge and belief, no particular information has been omitted.

Applicants Signature: _____ Date: _____

WITNESS

Signature: _____ Name: _____

Address: _____

Occupation _____ Phone: _____ Mobile: _____

***Note:**

The term 'near relative' as used in this form means:

- a) The spouse, civil union partner, or de facto partner of the deceased, but only if the spouse, civil union partner or de facto partner was living together with the deceased before his/her death; and
- b) a parent of the deceased; and
- c) any child of the deceased who is aged 16 years or over, and
- d) any other relative of the deceased who usually resided with him/her.

Request for Booking

Name of Funeral Home : _____

Contact Person: _____ Ph: _____

Fax: _____ Mobile: _____ Email: _____

Name of deceased : _____

Religion: _____

Casket size: _____

Approximate Weight

1-80 kg

81-100 kg

100 kg & over

Please tick if this request is for a no

Day : _____

Date : _____

Time of service: _____

Time of cremation: _____

Please note :

Any CD or DVD for playing should be delivered to Ann's Funeral Home & Onsite Cremations at least 4hours before commencement of any service.

Please tick the required services :

Chapel 1 hour \$280.00 _____

See the Charge : \$170.00 _____

Cremation : \$550.00 _____

Others : _____

Total : _____

Discount/Vouchers _____

Total Payable: _____

To The Funeral Director at: _____

Thank you for your request and we acknowledge receipt of your booking and we can confirm the same.

Signed for *Ann's Funeral Home & Onsite Cremations*

Date

Remarks if any: _____