

SCHEDULE A
APPLICATION FOR CREMATION

I (name of applicant)

Address:

Occupation:

apply to the proprietor of (name of crematorium):

to undertake the cremation of (name of deceased):

..... Identity No:

Address:

Occupation: Age: Sex:

married, widow, widower or single:

Delete whichever is inapplicable when furnishing the following information:

1. (a) I am the nearest surviving relative of the deceased.

(b) I am not the nearest surviving relative of the deceased, but my relationship to the deceased is

and the reason why the application is made by me and not by the nearest surviving relative is that

2. (a) The deceased left a written document as to the mode of disposal of his/her remains, namely:

(b) The deceased did not leave a written document as to the mode of disposal of his/her remains.

3. The race of the deceased was

4. The deceased was a resident of

(name of town) by virtue (a) of actual residence there at the time of his/her death; (b) of having been the owner of immovable property there

for at least six months prior to his/her death, the stand number of the property being: situated at

(full address)

5. (a) The surviving spouse or nearest surviving relative of the deceased has/has not been informed of the proposed cremation.

(b) The reason why the surviving spouse or nearest surviving relative has not being informed, is

6. (a) No near relative of the deceased has expressed any objection to the proposed cremation.

(b) A near relative of the deceased has expressed objection to the proposed cremation on the ground that

7. The date and hour of the death of deceased is:

8. The deceased died at

(furnish address of place of death here and say whether own residence, hotel, lodging, hospital or nursing home).

9. I know/do not know and I have reason/no reason to suspect that the death of the deceased was due to other than natural causes.

10. I have reason/have no reason whatever for deeming an examination of the remains of the deceased to be desirable.

11. The name and address of the usual medical practitioner who attended deceased is:

12. The names and addresses of the medical practitioners who attended deceased during his/her last illness are:

13. Give direction for the means of disposal of the ashes (burial or retain):

I swear/do hereby solemnly and sincerely declare in the conscience belief of the same being true that all the particulars stated above are true, and that of the best of my knowledge and belief no material particular has been omitted.

.....
Signature of Deponent

*Sworn to/Declared before me at this day of 20
by the deponent who acknowledges that he/she knows and understands the contents hereof.

.....
Justice of the Peace/Commissioner of Oaths

*This declaration must be made before a Justice of the Peace or a Commissioner of Oaths.