



Phone 1800 678 414

AUTHORISATION FOR DEALING WITH ASHES

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

To: _____

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 REQUIRED: YES / NO

(Tick one box only)

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

Taken By _____

Held at Rockhampton Cremation Services pending further advice by the applicant

Placed in a pre-arranged site at a crematorium

**Collected by the Funeral Director of _____

Disposed of at Rockhampton Cremation Services

Other: _____

Address for further contact in relation to ashes:

Name: _____

Address: _____

Phone: _____

Signature of Person: _____ Date of Authorisation: _____

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

