



1. Cremation details

FORM H

Consecutive number (Council officer to complete)

1a. Full name of the
deceased

First name(s)

Surname

1b. Last address

1c. Occupation

1d. Age

1e. Gender

1f. Date of death

1g. Place of death

1h. Date of Medical Referee's
permission or other
authority

1i. Date of cremation

1j. Casket size -
including handles

1k. Funeral director

1l. Name of person or
solicitor responsible for
payment of fees

1m. Postal address

2. Authority for disposal of ashes

2a. I*, (full name)

First name(s)

Surname

authorise the cremation authority of the Taranaki Crematorium to dispose of the ashes of the deceased
named above, as follows (applicant for cremation to select whichever is applicable):

Interred in the Garden of Remembrance at the Taranaki Crematorium

Taken away by (name of company, courier agent or person)

Signature

Date

*Please state relationship to the deceased (e.g. spouse, executor, near relation, defacto partner, civil union partner, etc).

3. Confirmation of disposal of ashes

3a. Crematorium attendant to select whichever is applicable:

Date ashes interred in the Garden of Remembrance

Signature of person receiving ashes

Signature

Date

3b. Ground of recipient's claim for taking ashes (i.e. applicant for cremation, funeral director, courier or agent
acting on behalf of the funeral director or family, relative of the deceased - relationship to be stated, etc).