

APPLICATION FOR PERMISSION FOR CREMATION WITH STATUTORY DECLARATION

SCHEDULE 15 (Regulation 78).
PUBLIC HEALTH ACT, 1902.

(This form should be completed by the executor or nearest surviving relative of the deceased, and all questions must be fully answered.)

I, [REDACTED], of [REDACTED],
(name of applicant)

[REDACTED] (address of applicant) [REDACTED] (occupation of applicant)

hereby apply for permission to cremate the remains of WILLIAM ANTONY ROONEY
(name of deceased)

[REDACTED] FOLEYS ROAD GWYNNEVILLE
(last address of deceased) (former occupation of deceased)

Marital status of deceased: SEPERATED Age 35 Sex MALE
(married, widow, widower, or unmarried)

The true answers to the questions set out below are as follows:—

1. (a) Are you the nearest surviving relative of the deceased? (b) If so, state what relation. (c) Are you an executor of the estate of the deceased?	(a) <u>[REDACTED]</u> (b) <u>[REDACTED]</u> (c) <u>INTESTATE</u>
2. If neither an executor nor nearest surviving relative, state— (a) your relationship to the deceased; and (b) the reason why the application is made by you and not by an executor, a relative or any nearer relative.	(a) <u>[REDACTED]</u> (b) <u>AT HIS OWN REQUEST</u>
3. (a) Did the deceased leave any written directions as to mode of disposal of the remains of the deceased? (b) If so, what directions?	(a) <u>NO</u> (b) <u>NIL</u>
4. Have the near relatives* of the deceased been informed of the proposed cremation? <small>(*Near relative" means the widow or widower of the deceased person, a parent of the deceased person, a child above the age of 16 years of the deceased person or any other relative of the deceased person who resided with the deceased person at the time of the death of the deceased person.)</small>	<u>YES</u>
5. (a) Has any near relative of the deceased expressed any objection to the cremation? (b) If so, on what ground?	(a) <u>NO</u> (b) <u>[REDACTED]</u>
6. What was the date and hour of the death of the deceased?	<u>THURSDAY 20th FEB. 3.00pm</u>
7. What was the place where the deceased died? (Give address and state whether own residence, lodgings, hotel hospital, nursing home, etc.)	<u>WOLLONGONG HOSPITAL</u>
8. Do you know, or have you any reason to suspect, that the death of the deceased was due, directly or indirectly, to— (a) violence; (b) poison; (c) privation or neglect; (d) illegal operation; (e) drowning; (f) suffocation; or (g) burns?	<u>CORONERS ORDER</u>
9. Have you any reason whatever for supposing that an examination of the remains of the deceased may be desirable?	<u>EXAMINATION HELD</u>
10. Give the name and address of the ordinary medical attendant of the deceased.	<u>DR SEN</u>
11. Give the names and addresses of the medical practitioners who attended the deceased during the deceased's last illness.	<u>CORONERS ORDER</u>
12. State District Registry Office where the death has been or is to be registered.	<u>WUNDOOBA</u>
13. (a) Is a cardiac pacemaker present in the body of the deceased? (b) If so do you give permission for its removal by a medical practitioner? (If so present, crematory authorities will decline to cremate the deceased.)	<u>NO</u>

I do hereby solemnly and sincerely declare that all the particulars stated above are true and correct to the best of my belief no material particular has been omitted; and I make this solemn declaration conscientiously believing the same to be true and in accordance with the Public Health Act, 1900.

Declared at WOLLONGONG this 24th day of FEBRUARY
19 86, before me:—

Signature [REDACTED]
Signature [Signature] (Justice of the Peace)