New Plymouth District Council
Te Kaunihera-ā-Rohe o Ngāmotu

This form is to be completed and signed in duplicate.
Prior to cremation, a copy is to be submitted to the Cemetery and Crematorium office of New Plymouth District Council.
Both copies are to be sent with the casket to the attendant at the Taranaki Crematorium.

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).