

# Cremos Cremations cc

TEL : (011) 692 4074  
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REG : 2006/083212/23  
VAT : 4300234061

## Schedule A APPLICATION FOR CREMATION

I (Name of applicant in block letter) \_\_\_\_\_ Cell: \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_ Apply to the proprietor of the above-mentioned crematorium to undertake the cremation of

(Name of deceased) \_\_\_\_\_

Identity Number \_\_\_\_\_ Residential Address \_\_\_\_\_

Occupation \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Marital status \_\_\_\_\_

No of Burial Order \_\_\_\_\_ Date of issue \_\_\_\_\_ Place of issue \_\_\_\_\_

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 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 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) \_\_\_\_\_
- 4.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 been informed, is \_\_\_\_\_
- 5.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 grounds that \_\_\_\_\_
6. The date and hour of the death of deceased is \_\_\_\_\_
7. The deceased died at \_\_\_\_\_  
(Furnish address of place of death here and say whether own residence, lodging, hotel, hospital or nursing home.)
8. 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.
9. I have reason/have no reason whatever for deeming an examination of the remains of the deceased to be desirable.
10. The name and address of the usual medical attendant of the deceased is \_\_\_\_\_
11. The names and addresses of the medical practioners who attended deceased during his/her last illness are \_\_\_\_\_
12. a) Has a pacemaker or any radioactive material been implanted in the deceased ? \_\_\_\_\_
- b) If so, has it been removed?
- c) If not removed, state the reason why not \_\_\_\_\_
13. Was the deceased ever employed underground in a mine or working in another occupation as defined in the Occupational Deceases in Mines and Works Act, 1973 (Act 78 of 1973) \_\_\_\_\_ Yes / No
14. Method of disposal of Cremated Remains (Inter/Retain) \_\_\_\_\_

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

\_\_\_\_\_  
Signature of deponent (Applicant)

\*Sworn to declare before me at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ .

By the deponent who acknowledges that he/she knows and understands the contents hereof .

\_\_\_\_\_  
Date: \_\_\_\_\_

\_\_\_\_\_  
Justice of the Peace / Commissioner of Oaths