

Schedule A - Application for a Cremation

1. Applicant Information

Name and surname: _____ ID no: _____

Race: African ☐ White ☐ Indian ☐ Asian ☐ Coloured ☐ Other ☐ Specify OTHER: _____

Gender: Male ☐ Female ☐

Are you close family of the deceased? Yes ☐ No ☐ Relationship: _____

Residential address: _____

Are you the executor of the deceased's estate? Yes ☐ No ☐

Did the deceased leave written instructions? Yes ☐ No ☐

Instruction: _____

Have the deceased's closest family been informed? Yes ☐ No ☐

Did any family member object? Yes ☐ No ☐

Do you suspect death due to violence, poison, privation or neglect? Yes ☐ No ☐

Do you or closest family require a post mortem? Yes ☐ No ☐

Has the death been registered? Yes ☐ No ☐ Burial order no: _____

2. Deceased Information

Name and surname: _____ ID no: _____

Residential address: _____

Last occupation: _____ Marital status: _____

Place of death: _____ Time of death: _____

Cause of death: _____

Applicant Signature: _____ Date: _____

3. Deceased's Regular Medical Practitioner

Initials and surname: _____ Contact no: _____

Occupational disease contracted? Yes ☐ No ☐

Pacemaker/Defibrillator/Implants present? Yes ☐ No ☐ Unsure ☐

Practitioner Signature: _____ Date: _____

4. Commissioner of Oaths

Declared at: _____ on this _____ day of _____ Year _____

Signature: _____ Date: _____

Commissioner of Oath's Stamp: