



FORM B
ROMANS FUNERAL HOME LIMITED
AUTHORITY TO CREMATE

(TO BE GRANTED BY THE AUTHORISED OFFICER...POLICE)

**TO: SUPERINTENDENT OF THE CREMATORIUM AT DOVECOT
MEMORIAL PARK AND SUNSET CREMATORIUM**

**WHEREAS APPLICATION HAS BEEN MADE FOR THE CREMATION OF THE
REMAINS OF:**

(NAME) _____

(ADDRESS) _____

(OCCUPATION) _____

**AND WHERE AS I HAVE SATISFIED MYSELF THAT ALL THE REQUIREMENTS FOR THE
CREMATION OF HUMAN REMAINS PRESCRIBED BY THE CREMATION LAW, AND THE
REGULATIONS MADE IN PERSUANCE OF THAT LAW HAVE BEEN COMPILED WITH,
THAT THE CAUSE OF DEATH HAS BEEN DEFINITELY ASCERTAINED, AND THAT THERE
EXISTS NO REASON FOR ANY FURTHER INQUIRY OR EXAMINATION.**

I HEREBY AUTHORIZE

**THE SUPERINTENDENT OF THE CREMATORIUM AT DOVECOT MEMORIAL PARK AND
OR SUNSET CREMATORIUM,
TO CREMATE THE SAID REMAINS:**

(SIGNATURE) _____

(WRITE NAME PLAINLY HERE) _____

(AUTHORIZED OFFICER)

DATE: _____

**NOTE: THIS AUTHORITY SHALL BE SIGNED IN DUPLICATE – ONE COPY TO BE
RETAINED WITH CERTIFICATES AND THE OTHER SET BY THE AUTHORIZED OFFICER
TO THE SUPERINTENDENT OF THE CREMATORIUM. IN THE CASE OF A STILL-BORN
CHILD IN PLACE OF THE NAME, ADDRESS AND OCCUPATION INSERT A DESCRIPTION
SUFFICIENT TO IDENTIFY THE BODY, AND IN PLACE OF THE WORDS “THAT THE CAUSE
HAS BEEN DEFINITELY ASCERTAINED” INSERT THE WORDS “THAT THE CHILD WAS
STILL-BORN”.**