

SCHEDULE A
APPLICATION FOR CREMATION

I (name of applicant - in block letters) _____

address _____

occupation _____ apply to the proprietor of (name of Crematorium)

_____ to undertake the cremation of (name of deceased)

_____ Identity No. _____

address (residential) _____

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 by 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 race of the deceased was _____

4. 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 (6) months prior to his/her death, the stand number of the property being

_____ situated at (full address)

5. (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 _____

6. (a) No near relative of the deceased has expressed any objection to proposed cremation.

(b) A near relative of the deceased has expressed objection to the proposed cremation on the grounds that _____

7. The date and hour of the death of deceased is _____

8. The deceased died at _____

(furnish address of place of death here and say whether own residence, lodging, hotel, hospital or nursing home.)

9. 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.

10. I have reason / no reason whatsoever for deeming an examination of the remains of the deceased to be desirable.

11. He name and address of the usual medical attendant of the deceased is _____

12. The names and addresses of the medical practitioners who attended deceased during his/her last illness are _____

13. (a) Has a pacemaker or any radioactive material been implanted in the deceased? YES / NO

(b) If so, has it been removed? YES / NO

(c) If not removed, state the reason why not _____

14. Was the deceased ever employed underground in a mine or working in another occupation as defined in the Occupational Diseases in Mines and Works Act, 1973 (Act 78 of 1973) _____

15. 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.

Sworn to / Declared before me at _____ this _____ day of _____ by the deponent who acknowledges that he / she knows and understand the contents hereof.

Signature of Deponent (Applicant)

Justice of the Peace / Commissioner of Oaths