

## Register of Cremations

Form H r 9(1) The Cremation Regulations 1973

### Hawkes Bay Crematorium Cremation Details

Consecutive number of application for cremation: \_\_\_\_\_

Full name of deceased			
Sex		Age	
Date of Death			
Place of Death			
Date of Medical Referee's permission or other authority			
Date of cremation			
Method of disposal of ashes			
Date of disposal of ashes			
Signature of person receiving ashes			
Ground of recipient's claim <i>(i.e. applicant for cremation; relative of deceased – relationship to be stated, etc)</i>			