

Tasmania

Burial and Cremation Act 2019

Burial and Cremation Regulations 2015

This permit is required by law to be furnished to the Crematorium Manager before cremation can take place.

This permit must be completed by a Medical Practitioner as defined by a Medical Practitioners Registration Act 1996

PERMIT AUTHORISING CREMATION

On receiving an application for a permit authorising the cremation of the remains of the deceased person (full name of deceased person) _____

I provide answers to the following questions:

(please circle response)

- | | | | |
|--|--|-----|----|
| 1. Have you examined the body of the deceased person? | <table border="1"><tr><td>YES</td><td>NO</td></tr></table> | YES | NO |
| YES | NO | | |
| 2. Have you received and read the Medical Certificate of Cause of Death? | <table border="1"><tr><td>YES</td><td>NO</td></tr></table> | YES | NO |
| YES | NO | | |
| 3. Are you satisfied with all the information stated on the Medical Certificate of Cause of Death? | <table border="1"><tr><td>YES</td><td>NO</td></tr></table> | YES | NO |
| YES | NO | | |
| 4. Does the name of the deceased person on the Application for Cremation Permit and the Medical Certificate of Cause of Death correspond with that on the Body Identification Tag? | <table border="1"><tr><td>YES</td><td>NO</td></tr></table> | YES | NO |
| YES | NO | | |
| 5. Are you satisfied with all the information on the Application for Cremation Permit? | <table border="1"><tr><td>YES</td><td>NO</td></tr></table> | YES | NO |
| YES | NO | | |
| 6. Are you satisfied that no further examination of the body is required and the death is not a reportable death under the <i>Coroners Act 1995</i> ? | <table border="1"><tr><td>YES</td><td>NO</td></tr></table> | YES | NO |
| YES | NO | | |
| 7. Are you aware of any "Implanted Medical Device" having been implanted in the deceased person? | <table border="1"><tr><td>YES</td><td>NO</td></tr></table> | YES | NO |
| YES | NO | | |
| 8. If yes, has it been removed? | <table border="1"><tr><td>YES</td><td>NO</td></tr></table> | YES | NO |
| YES | NO | | |

Having answered yes to questions 1 to 6 and satisfying myself that any "Implanted Medical Device" of which I was aware has been removed, I hereby authorise the cremation of the deceased person.

I also declare that I am not related to, in partnership with or an assistant to the medical practitioner who completed the Medical Certificate of Cause of Death and that I am not related to or have a pecuniary interest in the estate of the deceased person.

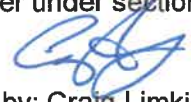
Medical Practitioner (referee)

(Name in block letters) _____

(Address) _____

(Signature) _____ (Date) ____ / ____ / 20____

N.B. In the event of refusing this application, you must report the matter to the coroner under section 19 of the **Coroners Act 1995**.

Signature: 
Approved by: Craig Limkin
Director of Local Government
Date: 15 September 2020