

WINDHOEK CREMATORIUM APPLICATION FOR CREMATION



I (name of applicant).....
 (Address).....
 (Occupation).....
 apply to the registrar of the WINDHOEK CREMATORIUM to undertake the cremation
 of the remains of
 Name of Deceased:
 Last Address:

 Occupation:
 Age: Sex: Marital Status:
 (married, widow, widower, divorced or unmarried)

The following questions have to be answered

1. Are you the executor or nearest surviving blood relation of the deceased?.....
2. If not, state –
 - a) Your relationship to the deceased.....
 - b) The reason why the application is made by you and not the executor or nearest blood relation.....
3. Did the deceased leave any written instructions as to the mode of disposal of his/her remains? If so, what were the directions?
4. Has any near blood relation of the deceased been informed of the proposed cremation?
5. Has any near blood relation of the deceased expressed any objections to the proposed cremation? If so, on what grounds?
6. What was the date and hour of the death of the deceased? Date:Hour:
7. Where did the deceased die? (Give address and state whether own residence, lodging, hotel, hospital, nursing home etc.)
8. Do you know, or do you have any reason to suspect that the death of the deceased was directly due to poisoning / violence / criminal neglect / an unlawful operation / privation / negligence / or any other suspicious circumstances. (underline where applicable)
9. Do you know of or do you have any reason to suspect that a post-mortem on the remains of the deceased may be desirable?
10. Name and address of the usual physician of the deceased:
11. Names and addresses of the medical practitioners who attended the deceased during his / her last illness:

DECLARATION

I do hereby solemnly and sincerely declare that all the particulars stated above are true, and that to the best of my knowledge and belief no material particulars have been omitted, and I make this solemn declaration conscientiously believing the same to be true.

.....
signature of applicant

Declared at..... On this theday of.....20.....before me.

(stamp)

.....
Commissioner of Oaths

Cremation number:

WINDHOEK CREMATORIUM

CERTIFICATE OF MEDICAL PRACTITIONER



(Must be handed / sent to the medical practitioner who is to give the confirmatory certificate)

I am informed that application is about to be made for the cremation of the remains of :

Name of deceased:

Address:

Occupation:

Having attended the deceased before death, and seen and identified the body after death, I give the following answers to the questions set out below:

1. On what date and at what hour did he or she die? Date: Hour:
2. What was the place where the deceased died? (Give address and state whether own residence, lodging, hotel, hospital, nursing home etc.)
.....
3. Are you a blood relation of the deceased? If so, state the relationship.
4. Have you, as far as you are aware, any pecuniary interest in the estate of the deceased?
5. Were you the ordinary medical practitioner of the deceased? If so, for how long?
.....
6. Did you attend the deceased during his / her last illness? If so for how long?
.....
7. When did you last see the deceased alive? (State how many hours or days before death)
.....
8. How soon after death did you see the body, and what examination did you make?
.....
9. What was the cause of death? Primary / Secondary (Specify the disease, injury, etc. and if possible, distinguish the primary from the secondary cause as in the death certificate.).....
10. Was there any other cause which contributed to or accelerated death? If so state it, and if more than one cause, state them all.
.....
11. What was the mode of death? (Say whether syncope, coma, exhaustion, convulsions, etc.). What was its duration in days, hours or minutes?
12. Did the deceased undergo any operation during the final illness or within a year before death? If so what was its nature and who performed it?
13. By whom was the deceased nursed during his or her last illness? (Give names and state whether professional nurse, relation etc.) If the illness was a long one this question should be answered with reference to the period of four weeks before death.
.....
14. Who were the persons (if any) present at the time of death?
15. State how far the answers to questions 1 to 14 are the result of your own observations, or are based on statements made by others. If based on statements made by others, say by whom.
16. In view of your knowledge of the deceased's habits and constitutions, do you feel any doubt whatsoever as to the character of the disease or the cause of death?
17. Do you know, or have you any reason to suspect, that the death of the deceased was directly or indirectly, due to –
Poisoning / violence / criminal neglect / an unlawful operation / negligence / or any other suspicious circumstance
.....
18. Have you any reason whatsoever to consider a further examination of the body to be desirable?
19. Any pacemaker or **battery operated implant** must be removed for the cremation. Is there any battery operated implant in the body?

Yes

No

mark with an 'X'.
20. Have you given the certificate required for registration of death?

I hereby certify that the answers given above are true and to the best of my knowledge and belief, that there is no circumstance known to me which can give rise to any suspicion that death was due wholly or in part to any other cause than disease / accident and that there are no circumstances of any sort known to me which makes it undesirable that the body should be cremated.

Date: signature

Address:

..... Registered Qualifications

Cremation number

WINDHOEK CREMATORIUM

CONFIRMATORY MEDICAL CERTIFICATE



Name of deceased:

Having examined the body of the deceased and the relevant medical certificate issued by the practitioner who treated him / her during his / her last illness. I have also made personal enquiry as stated in my answers to the questions below:

1. When and where did you examine the body of the deceased?
.....
2. Have you carefully examined the body externally?
.....
3. Have you made a postmortem examination?
.....
4. Have you seen and questioned the medical practitioner who gave the medical certificate?
.....
5. Have you seen and questioned any other medical practitioner who attended the deceased?
.....
6. Have you seen and questioned any person who nursed the deceased during his / her last illness or who was present at the death?
.....
7. Have you seen and questioned any of the relatives of the deceased?
.....
8. Have you seen and questioned any other person?
.....
9. Any **battery operated implants** (Deep Brain Stimulator, pacemaker etc.) must be removed for the cremation. Is there any battery operated implant in the body?

Yes

No

Mark with an 'X'

(On the answers to questions 5,6,7 & 8 give names and addresses of the persons and say whether you saw them alone.)

I am satisfied the cause of the death was

And I certify that I know of no circumstance which can give rise to any suspicion that death was due wholly or in part to any other cause than disease / accident and that there is no circumstance of any sort known to me which makes it undesirable that the body should be cremated.

Address:signature

Office.....
Registered qualifications

.....Date

Cremation number:

WINDHOEK CREMATORIUM

CERTIFICATE OF POST-MORTEM EXAMINATION



Name of deceased:
 Identity number:
 Address:
 Occupation:

(Complete part A or part B)

Part A

I hereby certify that I have conducted a post-mortem examination on the body of the above-mentioned person.

The body has been identified to me by
 of.....

The result of the examination was as follows:

.....

I am convinced that death was due entirely to natural causes, viz.

.....

And that no reason exists to notify this case in terms of section 2 of the Inquests Act, 1959.

I have identified the body to
 of(delete if not applicable)

1. There is no pacemaker or other **battery operated implant** in the body (such implant must be removed for cremation, i.e. Deep Brain Stimulator, Pacemaker, Neuromodulator etc.).
2. Autopsy complete.
3. The body may be released for cremation.

.....
 signature name in block letters date

Address
 Registered
 Date of qualification

Cremation number:

Part B

I hereby certify that I have, at the request of the magistrate of,
conducted a post-mortem examination on the body of the above mentioned person. The body was
identified to me by of
.....

1. I am convinced that death was due entirely to natural causes, viz.
.....
.....
2. No death certificate can be issued in this case as death was not due to natural causes.
4. There is no pacemaker or other **battery operated implant** in the body (such implant must be
removed for cremation, i.e. Deep Brain Stimulator, Pacemaker, Neuromodulator etc.).
3. Autopsy complete.
4. The body may be released for cremation.

(delete where not applicable)

.....
signature	name in block letters	date
Address		
Registered		
Date of qualification		

Cremation number:

**WINDHOEK CREMATORIUM
AUTHORITY TO CREMATE**



Whereas application has been made for the cremation of the remains of:

(Name)*

(Address)

(Occupation)

And whereas I have satisfied myself that all the requirements of the Cremation Ordinance 1971 (Ordinance 6 of 1971) and of the regulations made in pursuance of that Ordinance have been complied with, that the cause of death has been definitely ascertained, that there exists no reason for any further enquiry or examination and that there is no circumstance of any nature making it undesirable for the remains to be cremated.

Now therefore I hereby authorize the proprietor of the crematorium at Windhoek to cremate the said remains.

(Signature)

Medical referee to the

(Date)

NOTE: This authority should be signed in duplicate. One copy to be retained with certificates and the other sent by the medical referee to the proprietor of the crematorium.

* In the case of an un-named stillborn child, insert the words "Baby of..." followed by the parents names. Also in place of the words "that the cause of death has been definitely ascertained" insert the words "that the child was stillborn".

Cremation number:

WINDHOEK CREMATORIUM DISPOSAL OF ASHES



Cremated ashes will not be disposed of until this form has been completed and handed in at the Crematorium.

That the ashes of (Name of deceased)

.....be

1. placed in a niche (If so state particulars)

2. placed in a grave (If so state particulars)

3. scattered in the garden of remembrance.....

If so by whom?

4. removed by a representative.....

.....

Signature of person applying for cremation

Cremation number: