

Form 1
Queensland
Cremations Act 2003
(Section 6(1))
APPLICATION FOR A PERMISSION TO CREMATE

Please print all information on this form.

To:

- ☐ Coroner
☒ Independent Doctor

(The application has to be to a coroner if an autopsy was or is being conducted under the Coroners Act 1958 or the Coroners Act 2003. Otherwise the application is to be made to an independent doctor – section 5 of the Cremations Act 2003.)

I, Jonah Baumann

(print name in full)

whose address for service to be included on the Permission to Cremate is:

PO BOX 1, The Summit QLD 4377

(print address for service in full)

Telephone No: 07 4646 4096

apply for a permission to cremate the human remains of:

Name of deceased person: James Summerville

Usual or last known address of deceased person *(if known)*: 1 Main Road, Warwick QLD 3270

Date and place of death of deceased person *(if known)*: 01.01.2020

Age of deceased person: *(if known)*: 70 Date of birth of deceased person *(if known)*: 01.01.1950

1. (Complete either A or B - use B only if an agent)

A. (Tick one box only)

- I am a: ☐ spouse
☐ child who is at least 18 years
☐ parent
☐ brother who is at least 18 years
☐ sister who is at least 18 years
☐ appropriate person according to the tradition or custom of the community to which the deceased person belonged *(only applies if the deceased was an Aboriginal or Torres Strait Islander)*
☐ personal representative *(under section 36 of the Acts Interpretation Act 1954 a personal representative is the deceased person's executor or administrator)*
of the deceased person.
☐ another adult person who is making the application because:

(print here reason why none of the persons referred to above have made the application, eg, none of the persons referred to above are available.)

B. I am an agent of a person referred to in A namely:

Adult Child

(print particular person referred to in A, eg, spouse/sister who is at least 18 years)