



Just Cremate Me

In Partnership with Home Mortuary Support Services

ABN 43 116 334 199

Phone: 0433 185 514

www.cremateme.com.au

Email: help@cremateme.com.au



Independent
&
Environmentally Friendly

IMPORTANT NOTE

'Private & Confidential'

The information that you provide on this form will be used to complete the official documentation associated with the cremation.

It is important that all information is **accurate** and **entered correctly**. Please pay particular attention to the correct spelling of any words, names, locations etc.

If you are unsure of, or do not know the correct answer to any of the questions, please enter '*unknown*'.

Photo ID is Required

The person completing this form must include a copy of their Identification when returning this completed form.

Your Information (as Authorised Representative of the Deceased)			
Your Full Name			
Your Drivers Licence Number (<i>a copy of your ID must be provided</i>)			
Your Relationship to the Deceased			
Please confirm that you are over 18 years of age (If under 18, you are not able to complete this form)		Yes / No	
Your Email Address			
Mobile Number		Work / Home Number	
Residential Address			
Postage Address (if different)			

Deceased's Information (at time of passing)			
First Name			
Middle Name (if any)			
Surname			
Usual Residential Address			
Date of Birth	/ /	Sex	Male / Female / Other
Place of Birth			
If born overseas, in what year did the deceased first arrive in Australia			
Usual Occupation during working life			
Was the Deceased retired?			
Was the Deceased of Aboriginal or Torres Strait Islander origin?		No Yes – Aboriginal	Yes – Torres Strait Islander Yes – Both Aboriginal & Torres Strait Islander

**Deceased's Relationship Information**

What was the relationship status of the Deceased at the time of death? <i>(Delete whichever does not apply)</i>	Never Married Married Divorced Widowed Registered Relationship Defacto Unknown
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Information regarding any marriages or Defacto relationships of the Deceased, starting with the earliest
Please indicate whether a Marriage (M) or a Relationship (R).

Marriage 1	Marriage (M) or Registered Relationship (R)	
Place of event (town/city and Australian state or town/city and country if overseas)		
Deceased's age at the time of Marriage 1		
First names of spouse or registered partner (at time of event)		
Surname of spouse or registered partner (at time of event)		

Marriage 2 (if any)	Marriage (M) or Registered Relationship (R)	
Place of event (town/city and Australian state or town/city and country if overseas)		
Deceased's age at the time of Marriage 2		
First names of spouse or registered partner (at time of event)		
Surname of spouse or registered partner (at time of event)		

Marriage 3 (if any)	Marriage (M) or Registered Relationship (R)	
Place of event (town/city and Australian state or town/city and country if overseas)		
Deceased's age at the time of Marriage 3		
First names of spouse or registered partner (at time of event)		
Surname of spouse or registered partner (at time of event)		

Marriage 4 (if any)	Marriage (M) or Registered Relationship (R)	
Place of event (town/city and Australian state or town/city and country if overseas)		
Deceased's age at the time of Marriage 4		
First names of spouse or registered partner (at time of event)		
Surname of spouse or registered partner (at time of event)		



Deceased's Parents	
Father's First Name(s)	
Father's Surname	
Father's Usual Occupation <i>Note: Deceased or Retired is not an occupation</i>	
Mother's First Name(s)	
Mother's Maiden Name	
Mother's Usual Occupation <i>Note: Deceased or Retired is not an occupation</i>	

Children of the Deceased (if any)
List names in order of their birth (from oldest to youngest). If the child is deceased enter 'D' in age column. If not born alive enter 'SB' in age column. If more than 4 children, attach a separate sheet with their details. Include legally adopted children. If no children write 'None'.

Child 1	
First Name & Middle Name	
Date of Birth	/ / Age

Child 2	
First Name & Middle Name	
Date of Birth	/ / Age

Child 3	
First Name & Middle Name	
Date of Birth	/ / Age

Child 4	
First Name & Middle Name	
Date of Birth	/ / Age

Information Regarding the Death	
Date of Death	
Place of Death	
Cause of Death (if known)	
Does the Deceased have any infectious disease that you are aware of	YES / NO
<i>If yes, please advise</i>	
Do you authorise Just Cremate Me (or our official representatives) to collect the Deceased from the Place of Death	YES / NO



The Doctor of the Deceased (if known)	
Doctor's Name	
Doctor's Medical Practice	
Doctor's Address	
Doctor's Contact Number	

Cremation Information	
Did the deceased leave any instructions that he/she wanted to be cremated	Written / Verbal
To the best of your knowledge, is there any individual who is likely to object to the cremation taking place	
Are you aware of any potential cremation risks such as a pacemaker or radioactive device	
<i>If yes, please advise</i>	
Cremation to Take Place at	Great Southern Crematorium, Mt Cotton

Ashes Instructions	
Ashes to be collected from	
Person authorised to collect the ashes (ID will be required when collecting ashes)	
If the authorised person is someone other than the authorised representative completing this form, please provide additional contact information	

By completing and returning this form, you certify that:-

- You are legally entitled to provide the above information and instructions as the Authorised Representative of the Deceased and that the information you have provided is true and correct to the best of your knowledge.
- You authorise Just Cremate Me to act as your Authorised Agent and to proceed with the necessary arrangements to affect the cremation of the Deceased on your behalf.
- As Authorised Representative for the deceased, you agree to indemnify Just Cremate Me from any legal action resulting from this cremation taking place and/or the information that you have provided.
- You agree to pay the invoice issued by Just Cremate Me within 7 days of the invoice date. If payment is to be made by Credit Card, a 2.5% surcharge will be added to the invoice amount.

Please sign (or enter your name)

Enter Date (dd/mm/yyyy)

Reminder – You must provide a copy of your identification for us to proceed.

Additional Invoice Terms and Conditions

If payment is not received within 7 days, an Administration Fee of \$150 will be added to the invoice total.

Should the invoice remain outstanding after 14 days, an additional Administration Fee will be added to the invoice.

We reserve the right to refer the collection of any outstanding accounts to a debt collection agency without notice to you.

You agree to be liable for any recovery costs and expenses we incur as a result of the referral of the debt to a debt collection agency and furthermore you agree that section 27 (1) of the Debt Collectors (Field Agents and Collection Agents) Act 2014 (Qld) does not apply to our agreement.

In the event that the collection of the debt is referred to our lawyers, you accept liability for and indemnify us for all of our legal costs on a solicitor-client basis. Interest on overdue invoices shall accrue daily from the date when payment becomes due until the date of payment at the rate of 2% per calendar month.