



A written statement from the close relatives, supporting or objecting, to the proposed removal of the ashes, signed and their relationship to the deceased is required (attach more pages if required).

Name:

Date:

Relationship:

I support the application to remove the ashes / I object to the removal of the ashes

(Please cross out statement not relevant)

Name:

Date:

Relationship:

I support the application to remove the ashes / I object to the removal of the ashes

(Please cross out statement not relevant)

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(Please cross out statement not relevant)

FOR INTERNAL USE – PLEASE DO NOT WRITE IN THIS SPACE

Date application received:

Digital Record:

Date ashes removed:

File No: