

# Quality Cremation Services

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152 Alma Street, Rockhampton QLD 4700  
[www.qualitycremationservices.com](http://www.qualitycremationservices.com)

## AUTHORISATION FOR DEALING WITH ASHES

This completed form is to be submitted to the officer in charge of Rockhampton Cremation Services together with the documents required under the Cremations Act 2003.

To: **Rockhampton Cremation Services**

I, \_\_\_\_\_ am the applicant named in  
(Full Name)

Form 1 of the Cremations Act 2003 "Application for Permission to Cremate" for

\_\_\_\_\_  
(Full name of Deceased Person)

**I direct that the ashes of the above named person be:**

**CREMATION CERTIFICATE REQUIRED: YES / NO**

**(Tick one box only)**

☐ Collected by the applicant named above to be contacted on details noted below

☐ Taken By \_\_\_\_\_

☐ Held at Rockhampton Cremation Services pending further advice by the applicant

☐ Placed in a pre-arranged site at a crematorium

☐ Collected by the Funeral Director of \_\_\_\_\_

☐ Disposed of at Rockhampton Cremation Services

☐ Other: \_\_\_\_\_

**Address for further contact in relation to ashes:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature of Person: \_\_\_\_\_ Date of Authorisation: \_\_\_\_\_