

LETTER OF AUTHORISATION

(please ✓ and *circle where applicable)

PARTICULARS OF ORIGINAL APPLICANT (To complete all fields and submit a photocopy of death certificate if Original Applicant has passed on)			
*Salutation: Dr / Mr / Mrs / Mdm / Ms Name: <i>(please underline surname)</i>	*Sex Male / Female	Identification / FIN / Passport No.	
Address	Citizenship	Tel:	(Home)
			(HP)
Email Address	I am the <input type="text"/> of the Deceased <i>(please state relationship)</i>		
Reason why application is not made by direct next of kin to deceased (only applicable if you are not within the following relationships to the deceased: (i) Grandparents, (ii) Parents, (iii) Siblings, (iv) Spouse, (v) Son/Daughter and (vi) Grandchildren).			

PARTICULARS OF AUTHORISED REPRESENTATIVE / COMPANY (To complete all fields)			
*Salutation: Dr / Mr / Mrs / Mdm / Ms Name of Authorised Representative: <i>(please underline surname)</i>	*Sex Male / Female	Identification / FIN / Passport No. / UEN No.	
Name of Company <i>(if applicable)</i> M/S	Tel:	(Home)	
Address		(Office)	
		(HP)	
Email Address	I am the <input type="text"/> of the Deceased <i>(please state relationship)</i>		

PARTICULARS OF DECEASED (To complete all fields)		
Name	Date of Death	Death Certificate No. / Written Confirmation of Death No.

I, hereby instruct and authorize my representative to act on the following matter and do all the things necessary in connection with the said matter, including signing of the aforesaid application.

<input type="checkbox"/> *Permit to Bury Body / Permit to Cremate Body [Applicable if "Permit to Cremate Body" is selected] The Original Applicant acknowledged# that: <input type="checkbox"/> There is no evidence suggesting the presence of a pacemaker or similar device in the body of the deceased. / There is a pacemaker or similar device in the body of the deceased but it has been removed. <input type="checkbox"/> There is a pacemaker that cannot be removed by the doctor and needs to be removed by a mortician. #Based on doctor's certification
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<input type="checkbox"/> Cremation *Crematorium: Choa Chu Kang / Mandai ^Date _____ ^Time _____ ^Service Hall No _____	To have the body of the deceased person cremated at Government Crematorium and I accept full responsibility for it. I declare that the said deceased person is not known to have left any written direction that he / she should not be cremated. I shall be bound by the terms and conditions for cremation.
<input type="checkbox"/> Burial *Cemetery: Ahmadiyya / Baha'i / Chinese / Christian / Hindu / Jewish / Lawn / Muslim / Parsi ^Date of Burial _____ ^Time of Burial _____ ^Grave Block _____ ^Plot _____	To have the body of the deceased buried at Choa Chu Kang Cemetery and I accept full responsibility for it. I shall be bound by the terms and conditions of lease of burial plot(s) and rules and regulations of Choa Chu Kang Cemetery.
<input type="checkbox"/> Monument *Cemetery: Ahmadiyya / Baha'i / Chinese / Christian / Hindu / Jewish / Lawn / Muslim / Parsi ^Grave Block _____ ^Plot _____	To erect tombstone / monument at Choa Chu Kang Cemetery. I shall be bound by the terms and conditions for erection of the tombstone / monument and its rules and regulations of Choa Chu Kang Cemetery.
<input type="checkbox"/> Niche *Columbarium: Choa Chu Kang / Mandai / Yishun Niche Block _____ Level _____ Room _____ No _____	To store / remove cremated remains in niche at Government Columbarium for the said deceased person. I shall be bound by the terms and conditions for the storage / removal of cremated remains in the niche(s).
<input type="checkbox"/> Exhumation ^Cemetery: Choa Chu Kang / Closed ^Grave Block _____ ^Plot _____	To have the body of the deceased person exhumed and I accept full responsibility for it. I shall be bound by the terms and conditions for exhumation.
<input type="checkbox"/> Inland Ash Scattering *Ash Scattering Facility: Garden of Peace @ CCK ^Date _____ ^Time _____	To scatter the cremated remains of the deceased person at Government Inland Ash Scattering Facility and I accept full responsibility for it. I shall adhere to the Instructions for Scattering of fine Human Ashes at Garden of Peace at Choa Chu Kang Cemetery.
<input type="checkbox"/> Search / Extract / Certified True Copy of Burial / Cremation / Niche Records	To search for the burial / cremation / niche records and obtain a certified true copy. I shall be bound by the terms and conditions for obtaining the deceased's information.

^ To be filled by Officer-In-Charge

The particulars given are true to the best of my knowledge. I have carried out due diligence to ensure that there is no objection from my family members and relatives with regard to this application. I hereby agree to indemnify and hold harmless the Agency against any legal suit, claims, damages, losses, expenses or costs (including those asserted by third parties) arising directly or indirectly from the burial / cremation / exhumation of the abovementioned deceased, storage / removal of the cremated remains at the government columbarium and/or scattering of the cremated remains of the abovementioned deceased at the inland ash scattering facility. I also conscientiously believe the statements made by me in this form are true in every particular to the best of my knowledge, belief and ability. I acknowledge and understand that should I be found to have knowingly provided false information, the Agency will investigate the matter and if warranted, initiate prosecution or take other action against me.

The National Environment Agency (NEA) collects personal information to carry out its various functions and duties under the National Environment Agency Act 2002 including the implementation of environmental and public health policies in Singapore and any other related purposes. I hereby consent to NEA's use of the information provided by me in the course of any application I have made to the NEA, to facilitate the processing of such application for such purposes and for other purposes relating to specific services. I hereby further consent to NEA sharing the information in such application with other Government agencies, or non-government entities authorised to carry out specific government services, unless prohibited by legislation.

Signature of Original Applicant

Date

Signature of Authorised Representative /
Company Stamp

Date