



**MEADOWREST MEMORIAL GARDENS**  
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**FORM A**  
**MMG No:**  
**Date:**  
**DD:** \_\_\_\_\_  
**MM:** \_\_\_\_\_  
**YYYY:** \_\_\_\_\_

**APPLICATION FOR CREMATION WITH STATUTORY DECLARATION**

NAME OF APPLICANT \_\_\_\_\_

ADDRESS \_\_\_\_\_

OCCUPATION \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

APPLY TO THE AUTHORISED OFFICER IN THE PARISH OF \_\_\_\_\_

TO UNDERTAKE THE CREMATION OF DECEASED \_\_\_\_\_

ADDRESS \_\_\_\_\_

OCCUPATION \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_

MARTIAL STATUS (WHETHER MARRIED, WIDOW, WIDOWER OR UNMARRIED) \_\_\_\_\_

**CREMATORIUM ESTABLISHED AND OPERATED BY:**

**THE UNITED CHURCH IN JAMAICA & THE CAYMAN ISLANDS (MEADWOREST MEMORIAL GARDENS)**

**PLEASE ANSWER THE FOLLOWING QUESTIONS TRUTHFULLY:**

1. ARE YOU THE NEAREST RELATIVE OF THE DECEASED? \_\_\_\_\_

IF NOT STATE:

a. YOUR RELATIONSHIP TO THE DECEASED \_\_\_\_\_

b. WHY IS THIS APPLICATION MADE BY YOU AND NOT A CLOSER RELATIVE?  
\_\_\_\_\_

2. DID THE DECEASED LEAVE ANY WRITTEN DIRECTIONS AS TO THE MODE OF DISPOSAL OF HIS/HER REMAINS? IF SO, WHAT? \_\_\_\_\_

3. HAVE THE NEAR RELATIVES OF THE DECEASED BEEN INFORMED OF THE PROPOSED CREMATION?  
\_\_\_\_\_

4. HAS ANY OF THE NEAR RELATIVES OF THE DECEASED EXPRESSED ANY OBJECTION TO THE PROPOSED CREMATION? IF SO, ON WHAT GROUNDS?  
\_\_\_\_\_

5. WHAT WAS THE DATE AND HOUR OF DEATH? \_\_\_\_\_

6. WHERE DID THE DECEASED DIE? \_\_\_\_\_

7. DO YOU KNOW OR HAVE ANY REASON TO SUSPECT THAT THE DEATH WAS DUE DIRECTLY OR INDIRECTLY TO (A) VIOLENCE (B) POISON (C) PRIVATION OR (D) NEGLECT?  
\_\_\_\_\_

8. DO YOU KNOW ANY REASON WHATSOEVER FOR SUPPOSING THAT AN EXAMINATION OF THE REMAINS OF THE DECEASED MAY BE DESIRABLE?  
\_\_\_\_\_

9. GIVE THE NAME AND ADDRESS OF THE ORDINARY MEDICAL ATTENDANT OF THE DECEASED  
\_\_\_\_\_

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**10. GIVE THE NAME AND ADDRESSES OF THE MEDICAL PRACTITIONER (S) WHO ATTENDED TO THE**



**FORM A CONT....**

DECEASED DURING HIS/HER ILLNESS \_\_\_\_\_  
\_\_\_\_\_

I \_\_\_\_\_ DO SOLEMNLY AND SINCERELY DECLARE AS FOLLOWS:

THAT ALL THE PARTICULARS STATED ABOVE ARE TRUE AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF NO MATERIAL PARTICULARS HAVE BEEN OMITTED. I MAKE THIS SOLEMN DECLARATION CONSCIENTIOUSLY BELIEVING THE SAME TO BE TRUE AND BY VIRTUE OF THE VOLUNTARY DECLARATION LAW AND I AM AWARE THAT IF THERE IS ANY STATEMENT IN THIS DECLARATION, WHICH IS FALSE IN FACT, WHICH I KNOW OR BELIEVE TO BE FALSE OR DO NOT BELIEVE TO BE TRUE, I AM LIABLE TO FINE A OR IMPRISONMENT.

\_\_\_\_\_  
(SIGNATURE OF APPLICANT)

DECLARED AT \_\_\_\_\_

DATE \_\_\_\_\_

SWORN BEFORE ME \_\_\_\_\_

(JUSTICE OF THE PEACE)

THIS DECLARATION MUST BE MADE BEFORE A JUSTICE OF THE PEACE OR NOTARY PUBLIC. THE TERM NEAR RELATIVE AS HERE INCLUDES WIDOW OR WIDOWER, PARENTS, CHILDREN ABOVE THE AGE OF 16 AND ANY OTHER RELATIVE USUALLY RESIDING WITH THE DECEASED.