

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 away)			
*Salutation: Dr / Mr / Mrs / Mdm / Ms Name: (please underline surname)	*Gender: Male / Female	Identification / FIN / Passport No.:	
Email Address:	Citizenship:	Tel (Home):	Tel (HP):
Address:		I am _____ of the the _____ Deceased (please state relationship)	
Reason why application is not made by the following next-of-kin to deceased (only applicable if you are not within the following relationships to the deceased: (i) Grandparent, (ii) Parent, (iii) Sibling, (iv) Spouse, (v) Child and (vi) Grandchild).			
PARTICULARS OF AUTHORISED REPRESENTATIVE / COMPANY (To complete all fields)			
*Salutation: Dr / Mr / Mrs / Mdm / Ms: Name of Authorised Representative: (please underline surname)	*Gender: Male / Female	Identification / FIN / Passport No. / UEN No.:	
Name of Company (if applicable): M/S		Tel (Home):	
		Tel (Office):	
Email Address:		Tel (Mobile):	
Address:		I am _____ of the the _____ Deceased (please state relationship)	
PARTICULARS OF DECEASED (To complete all fields)			
Name:	Date of Death:	Death Certificate No. / Written Confirmation of Death No.:	

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

☐ Permit to Cremate Body* * Select only one option <u>[If “Permit to Cremate Body” is selected] The Original Applicant acknowledges, based on doctor’s certification, that:</u> ☐ Permit to Bury Body* ☐ 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. ☐ There is a pacemaker that cannot be removed by the doctor and needs to be removed by a mortician.	
☐ Cremation To have the body of the deceased person cremated at the following crematorium managed by National Environment Agency (NEA). *Crematorium: Choa Chu Kang / Mandai/ Mandai North ^Date _____ ^Time _____ ^Service Hall No. _____	I declare that the deceased person is not known to have left any written direction that he / she should not be cremated. I have read the Terms and Conditions for Cremation available at the following QR code: 

☐ Burial To have the body of the deceased buried at Choa Chu Kang Cemetery. *Cemetery: Ahmadiyya / Baha'i / Chinese / Christian / Hindu / Jewish / Lawn / Muslim / Parsi ^Burial Date _____ ^Burial Time _____ ^Grave Block _____ ^Plot _____	I understand and agree that the lease of a burial plot shall commence from the date of burial and shall be for a duration of fifteen years. Upon the expiry or termination of lease of a burial plot, NEA may carry out the exhumation of the corpse for reburial or cremation. I have read the Terms and Conditions for Burial available at the following QR code: 
☐ Monument To erect tombstone / monument at the deceased's grave at Choa Chu Kang Cemetery. *Cemetery: Ahmadiyya / Baha'i / Chinese / Christian / Hindu / Jewish / Lawn / Muslim / Parsi ^Grave Block _____ ^Plot _____	I understand and agree that no person shall erect any tombstone, monument or structure of any sort on a grave without written permission from NEA, and that the size, design and inscriptions shall be subject to NEA's approval.
☐ Inland Ash Scattering [Mandatory to also select "Turn Cremated Remains into Fine Ashes"] To scatter cremated remains of the deceased, turned into fine ashes, at an Inland Ash Scattering Facility managed by NEA. *Ash Scattering Facility: Garden of Peace at Choa Chu Kang Cemetery / Garden of Serenity at Mandai North Crematorium ^Date _____ ^Time _____	I understand and agree that NEA will transfer ash soil from the inland ash scattering lanes to a designated location within the Garden of Peace at Choa Chu Kang Cemetery, without prior notice. I have read the Terms and Conditions for Inland Ash Scattering at the following QR code: 
☐ Turn Cremated Remains into Fine Ashes To turn the cremated remains of the deceased into fine ashes.	I declare that the deceased person is not known to have left any written direction that his/her cremated remains should not be turned into fine ashes.
☐ Niche To store / remove cremated remains of the deceased in niche at a Columbarium managed by NEA. *Columbarium: Choa Chu Kang / Mandai / Yishun Block _____ Level _____ Room _____ Niche No _____	I understand and agree that NEA may, by giving an applicant or next-of-kin of the deceased a notice in writing, repossess the niche if the columbarium is affected by the Government's redevelopment or clearance plans. I have read the Terms and Conditions for storage of cremated remains in NEA-managed columbaria at the following QR code: 
☐ Exhumation _____ ^Cemetery: Choa Chu Kang / Closed To have the body of the deceased exhumed. ^Grave Block _____ ^Plot _____	
☐ Search for / Extract a Certified True Copy of Burial / Cremation / Niche Records To search for the burial / cremation / niche records of the deceased and obtain a certified true copy.	

^To be filled in by Officer-In-Charge

I shall be bound by all the terms and conditions laid down by NEA for the service(s) selected above. I accept full responsibility for the services requested.

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 NEA-managed columbarium and/or scattering of the cremated remains of the abovementioned deceased at the inland ash scattering facilities. 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.

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 NEA, to facilitate the processing of such application for such purposes. 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

Date