

## LETTER OF AUTHORISATION

This form may take you 2 minutes to fill in. You will need the following information to fill in the form.

- Deceased's Particulars
- Applicant's/ Next-of-kin's Particulars
- Representative's Particulars

Please complete the Application Form and submit/fax it to the relevant office

To: Officer-in-charge

Please (✓) at the appropriate box

<input type="checkbox"/>	Mandai Crematorium & Columbarium	300 Mandai Road, Singapore 779393	Tel. 65545655	Fax. 64595228
<input type="checkbox"/>	Choa Chu Kang Cemetery Office	910 Choa Chu Kang Road, Singapore 699819	Tel. 67937428	Fax. 67937400
<input type="checkbox"/>	Choa Chu Kang Columbarium	51 Chinese Cemetery Path 4, Singapore 698932	Tel. 67957931	Fax. 67950885
<input type="checkbox"/>	Choa Chu Kang Crematorium	960 Choa Chu Kang Road, Singapore 699818	Tel. 67955511	Fax. 68627235

I would like to apply the following service for the below named deceased person.

*Please (✓) at the appropriate box and fill in the appropriate information*

<input type="checkbox"/>	<b>Cremation Booking Details</b>	<b>To have the body of the deceased person cremated at Government Crematorium and I accept full responsibility for it. I declared 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.</b>
	<b>Date/Time:</b> <b>Service Hall No.:</b>	
<input type="checkbox"/>	<b>Storage/Removal Of Cremated Remains</b>	<b>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 niches(s).</b>
	<b>Columbarium Location:</b> <b>Niche No:</b>	
<input type="checkbox"/>	<b>Application For Lease of Burial Plot(s) at CCK Cemetery</b>	<b>To have the body of the deceased person buried at Choa Chu Kang Cemetery and I accept full responsibility for it. I shall be bound by the term and conditions of lease of the burial plot(s) and rules and regulations of Choa Chu Kang Cemetery.</b>
	<b>Chinese/Muslim/Christian/Lawn/Hindu/ Others (                    )</b>	
<input type="checkbox"/>	<b>Erection of the tombstone/monument and for inscription to be made on such tombstone or monument.</b>	<b>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.</b>
	<b>Chinese/Muslim/Christian/Lawn/Hindu/ Others (                    )</b>	
<input type="checkbox"/>	<b>Search/ Extract Certified True Copy</b>	<b>To search for the deceased's information and obtain a certified true copy. I shall be bound by the terms and conditions for obtaining the deceased's information.</b>
	<b>Type Of Search:</b>	

<b>Name Of Deceased:</b>	<b>Death Certificate/Permit No.:</b>
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**Please produce supporting documents for verification.** Terms and conditions apply for burial /cremation / storage / removal services at Government's cemetery, crematorium and columbarium, a copy of which may be viewed at [www.nea.gov.sg](http://www.nea.gov.sg) or at the Booking Office on request.

2 I hereby instruct and authorise my representative:

<b>Particulars of Representative</b>	<i>Name/NRIC No/Contact No or Company's Stamp</i>
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to act on my behalf on the above matter and do all the things necessary in connection with the said matter, including signing of the aforesaid application.

3 The particulars given are true to the best of my knowledge. 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 /storage /removal of the deceased person /cremated remains. 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.

4 The National Environment Agency (NEA) collects personal information to carry out its various functions and duties under the National Environment Agency Act (Cap 195) 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. 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.

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(Signature of Applicant & Date)

Name of Applicant\*: -----

NRIC No. of Applicant: -----

Address of Applicant: -----

Applicant Contact No.: -----

Applicant Relationship to the Deceased: -----

*\*Applicant is deemed to be the next-of-kin/nearest surviving relative of the deceased and the rest of the family members have consented to this application.*