

LETTER OF AUTHORIZATION

To :

Manager (Port & Airport Health)
NEA Central Regional Office
Environmental Health Department

I, (Name) _____

NRIC/Passport No. _____

Nationality _____

Contact No. _____

Relationship to the deceased person : _____

hereby authorize the bearer, (Name) _____ NRIC
No. _____ to apply for a permit from your office to bury/ cremate*
the body of my late relative named below.

.....
Signature & Date

I confirm to the best of my knowledge that the deceased has
(1) no implant of a pacemaker or similar device in the body.
(2) no written direction that he/she should not be cremated.

Particulars of Deceased :

Name : _____

NRIC/Passport No: _____

Nationality : _____

Date of Birth _____ Date of Death _____

Home address

Occupation _____

Marital Status _____

Religion _____

Place of Burial/ Cremation* _____

* Delete where applicable