

SOCIAL SERVICES DIRECTORATE RECREATION AND PARKS DEPARTMENT

Susan Brice

Head Cemetery Management

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FOR OFFICIAL USE						
Ward no:	Sub-Council No:					

APPLICATION FOR INDIGENT BURIAL / CREMATION (Part 1)

Deceased's Particulars:									
Surname:									
First Name:									
Date of birth:/	Date of Death: _	Date of Death:/							
Identity No:									
Address:									
Place of Death:									
Death Certificate No & Details:									
Applicant's Particulars:									
Surname:	First Name:								
Identity No:									
Identity No:									
Relationship to Deceased:									
Address:									
(H) Tel No: ()	Cell No:	Additional Tel no: ()							
I select: □ Burial	□ Cremation								

Note: Applicant to establish whether application has been successful by contacting designated official: (See attached contact details)

CONDITIONS FOR AN INDIGENT BURIAL / CREMATION

- 1. At least 2 working days notice required from approval of application to burial / cremation.
- 2. Burials to take place on weekdays only, excluding public holidays.
- 3. No memorial work is permitted, only a wooden cross.
- 4. The complete burial / cremation offered to indigent persons must be utilized. Applicants may not select portions of the service and themselves provide an expensive coffin or other special arrangements.
- 5. Indigent burials may be accommodated in any section of a cemetery and at any cemetery at the discretion of the City Parks
- 6. An indigent person's grave is a "Public Grave" and is subject to the following conditions: No formal memorial work is allowed, except a wooden cross for a maximum of 5 years. The grave may not be upgraded to a private grave afterwards. After 5 years of the first burial, the City may allow a second unrelated body to be buried on top of the first buried coffin, in the same grave.
- 7. Persons who have died in a state hospital or day hospital do not, in terms of the Health Act No 63 of 1977, qualify for an indigent person's burial by the City of Cape Town.

APPLICATION FOR INDIGENT BURIAL / CREMATION

I, Mr / Mrs / Miss / Ms (Full Name)out above.	have read, understood and agreed to the conditions as set								
Signature:	Date (dd / mm / yyyy) :								
STATEMENT OF INDIGENT STATUS BY APPLICANT (Part 2)									
I, Mr / Mrs / Miss / Ms (Full Name):									
Identity No:									
hereby state that in my capacity as the next of	of kin of the deceased Mr / Mrs / Ms								
am destitute and am unable to pay for the burial / cremation of the deceased. I hereby accept the conditions for a indigent burial / cremation as resolved by the City of Cape Town as set									
out on part 1 of the application.	sandin de received by the enty of eape reminde est								
out on part 1 of the application.									
Signature:									
-	on (dd / mm / yyyy) :								
At (place)									
Commissioner of Oaths (to be completed by S									
Thus acknowledged and signed before me at	at (place) on (dd / mm / yyyy) :								
Signature:									
STAMP HERE:									
OTTAIN TIERE.									

FOR COMMUNITY SERVICES DIRECTORATE, CITY PARK'S DEPARTMENT USE:

Ward no:	
Sub-Council No:	

RECOMMENDATION FOR INDIGENT BURIAL / CREMATION (Part 3)

		-#:-:-1 - t					
	mend Do not recommen						
	age						
		who died on	_//	(date) at	(place).		
	erviewed the applicant who sapplicable box or boxes)	stated that:					
 □ The family may appear in the Council's register of indigent. □ The deceased did not have an income greater than the State Old Age Pension or disability grant. □ There are no insurance or funeral policies or estate left by the deceased to pay for the burial. □ Other reason 							
Reason fo	r rejection (if applicable): _						
Signed at	(place)		on (dd / mm / yyyy) :				
CITY PAR	: KS BOOKING CLERK / CI [*]			/ARD COUNCILLOR / S	SUB-COUNCIL MANAGER		
FOR CITY	/ HEALTH DIRECTORATE	OFFICE USE:					
APPRO	VAL OF BURIAL / (CREMATION (P	ART 4)				
FAX NO:	AX TO: For attention: Manager Support Services, CITY HEALTH DIRECTORATE AX NO: 021 421 4894 EL NO: 021 400 2103						
□ Approv	ed	□ Not Approv	ed				
Signed at	(place)		on (dd / mr	m / yyyy) :			
Signature	:		-				

City Health Reference Number: _____