

## Notes for Application of Cremation Permit

- I. Under Section 4 of the Cremation and Gardens of Remembrance Regulation (Cap. 132M), an application for a cremation permit from the Department of Health may be made by any of the following persons taking priority inter se in the order set out below:
- (a) any executor of the deceased or his duly authorized attorney or agent;
  - (b) the nearest surviving relative of the deceased present in Hong Kong at the time of application or his duly authorized attorney or agent;
  - (c) any person having in his possession a direction in writing purporting to be signed by the deceased requesting that his remains may be cremated;
  - (d) any person being eligible for grant of letters of administration or probate;
  - (e) after the expiration of 48 hours from the death of the person in respect of whose human remains the application is made, any person who, in the opinion of the Director of Health, is a suitable and proper person to make the application.

Those being granted a cremation permit are able to book a cremation session with the Food and Environmental Hygiene Department. In Hong Kong, cremation can only be legally conducted with a cremation permit or upon the grant of a cremation order by the Coroner. If the deceased has already been issued a cremation order by the Coroner, obtaining a cremation permit from the Department of Health is not necessary.



- II. The applicant for the cremation permit should submit the following original documents to one of the Cremation Permit Offices of the Department of Health:
- (a) Application to Cremate (Form 1 of Cap. 132M) (Annex I);
  - (b) Medical Certificate (Cremation) (Form 2 of Cap. 132M)\*;
  - (c) Certificate of Registration of Death (Form 12 of the Births and Deaths Registration Ordinance (Cap. 174));
  - (d) Medical Certificate of the Cause of Death (Form 18 of Cap. 174)\*;
  - (e) Identity card of the deceased;
  - (f) Identity card of the applicant; and
  - (g) Certified copy of a death entry (or commonly known as Death Certificate).

If the deceased passed away outside of a hospital setting, such as at home or under the government initiatives that facilitate dying-in-place for terminally ill patients in residential care homes, the following additional documents are required:

- (h) A copy of the annual practising certificate of the medical practitioner who certified the death; and
- (i) The original document provided by the medical practitioner outlining the circumstances surrounding the death (refer to Annex II for a sample template.) The medical practitioner may provide an alternative document as long as it contains similar content.

Documents item (c), (e), (f) and (g) will be returned to the applicant. Other documents will be collected by the Cremation Permit Office and will not be returned to the applicant.

- III. Application for cremation permit could be made by an authorized attorney or agent of the executor of the deceased or the nearest surviving relative of the deceased present in Hong Kong. The authorized attorney

or agent should submit the following additional documents:

- (a) Original copy of authorization letter (Annex III);
- (b) Copy of the authorizer's identity card; and
- (c) Original copy of identity card of the authorized attorney or agent.

IV. The application for cremation permit of a stillborn child requires the mother to submit the following original documents:

- (a) Application to Cremate (Form 1 of Cap. 132M) (Annex I);
- (b) Certificate of Still-birth (Form 13 of Cap. 174)\*; and
- (c) Mother's identity card.

V. Application for cremation permit of a stillborn child could be also made by the father, or an authorized attorney or agent of the mother / father. The authorized attorney or agent should submit additional documents specified in Paragraph III while the father should submit the following additional documents:

- (a) Father's identity card;
- (b) Copy of mother's identity card; and
- (c) Original copy of a declaration letter for application made by the father (Annex IV).

VI. The cremation permit will usually be issued within one hour upon application provided the required documents are in order.

VII. The application for cremation permit is free of charge.

VIII. The information of the Cremation Permit Offices is as follows:

<b>Cremation Permit Office (Hong Kong)</b>
Address: Room 22, 18/F Wu Chung House, 213 Queen's Road East, Wan Chai
Tel: 2961 8843      Fax: 2893 1809
The office hours: Mon to Fri:    0900 – 1230 hours;    1400 – 1630 hours Sat:            0900 – 1230 hours (Closed on Sundays and Public Holidays)

<b>Cremation Permit Office (Kowloon)</b>
Address: 1/F Cheung Sha Wan Government Offices, 303 Cheung Sha Wan Road, Sham Shui Po
Tel: 2150 7232      Fax: 2317 4230
The office hours: Mon to Fri:    0900 – 1230 hours;    1400 – 1630 hours Sat:            0900 – 1230 hours (Closed on Sundays and Public Holidays)

**October 2025**

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\*      Form 2, Form 18 and Form 13 are issued by registered medical practitioners.

I, ..... being the\*

ID no. : .....  
Relationship : .....  
Tel no. : .....

{ executor  
nearest surviving relative in Hong Kong  
attorney or agent of the executor or nearest surviving relative in Hong Kong  
person having in his possession a direction in writing purported to be signed  
by the deceased  
person being eligible for grant of letters of administration or probate  
person selected by the Director of Health in respect

of ..... ID no. of the deceased : .....

\*who died  
\*which was still-born at .....on the ..... day of ..... 20.....,

hereby apply for permission to cremate the \*human remains of the said person in \*a Government crematorium  
\*said still-born child \*the Crematorium †

I append hereto the certificates required by section 4 of the Cremation and Gardens of Remembrance Regulation.

Dated this ..... day of ..... 20.....

Signature.....

Address.....

Warning: A person who makes this application knowing or having reason to believe that the deceased person has left a direction in writing to the effect that that human remains shall not be disposed of by cremation commits an offence.

\* Delete as appropriate.

† Name of the private crematorium.

NB: A person who is dissatisfied with a decision on the cancellation or refusal of grant of Cremation Permit may, within 14 days after notification, appeal to the Licensing Appeals Board against the decision.

## Facts Surrounding the Death

**Name of Patient**

(English, Surname first) : \_\_\_\_\_

**HKID of Patient :** \_\_\_\_\_

This is to certify that the above-named patient was under my care during the last illness. I attended to the patient within 14 days before the patient's death and last saw the patient on \_\_\_\_\_ *[Date of last visit (dd/mm/yyyy)]*.

The patient was diagnosed with \_\_\_\_\_ *[Diagnosis of the terminal illness]* prior to passing away.

The patient died on \_\_\_\_\_ *[Date of death (dd/mm/yyyy)]* at \_\_\_\_\_ *[Location]*, where I

certified the death. The cause of death was \_\_\_\_\_ *[Cause of death]*, which was determined to be a natural cause.

The risk category of the deceased body is category \*1 / \*2 / \*3 .

Signature: \_\_\_\_\_

Name of medical practitioner: \_\_\_\_\_

Registration No.:  
Medical Council of Hong Kong \_\_\_\_\_

Date:  
(dd/mm/yyyy) \_\_\_\_\_

*\* Delete as appropriate*

## Note

- This sheet is intended to be completed by the medical practitioner certifying the patient who has died outside of a hospital setting. The medical practitioner may provide an alternative document as long as it covers similar content.
- A copy of the medical practitioner's annual practising certificate should be provided when applying for a cremation permit if the death occurred outside a hospital setting.
- For details on categorizing the deceased body, please refer to the guideline "Precautions for Handling and Disposal of Dead Bodies" which is available at CHP website at <https://www.chp.gov.hk/en/resources/346/index.html> (CHP homepage > Resources > Infection Control Corner)
- The Government facilitate the choice of dying in place for terminally ill patients in residential care homes (RCHs) if a resident who passed away in an RCH was diagnosed as having a terminal illness while alive and was attended to by a registered medical practitioner within 14 days before passing away, and the resident's cause of death certificate states that he or she died of a natural cause. In such cases, the death will no longer be considered as a reportable death to the Coroners Court. For cases considered reportable deaths, please refer to [Schedule 1 of the Coroners Ordinance \(Cap. 504\)](#).
- Medical Certificate (Cremation) (Form 2), which needs to be completed by the medical practitioner and is required for the cremation permit application, can be downloaded from the following website:

[https://www.dh.gov.hk/english/useful/useful\\_forms/files/Form2\\_2024\\_v1.pdf](https://www.dh.gov.hk/english/useful/useful_forms/files/Form2_2024_v1.pdf)

## Authorization Letter

To: Director of Health,

I \_\_\_\_\_ *[name of applicant]*

(ID No: \_\_\_\_\_ Contact No: \_\_\_\_\_ ) am

\_\_\_\_\_ *[relationship with the deceased]* of the deceased

\_\_\_\_\_ *[name of the deceased]*. I authorize

\_\_\_\_\_ *[name of the authorized person]* (ID

No: \_\_\_\_\_ ) to apply the cremation permit of the deceased for me in

accordance with the Cremation and Gardens of Remembrance Regulation (Cap. 132M).

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Declaration

To: Director of Health,

I, \_\_\_\_\_ *[full name]*, holder of identity card no. \_\_\_\_\_ and contact number \_\_\_\_\_ am the father of the baby and husband of \_\_\_\_\_ *[name of baby's mother]*, whose identity card number is \_\_\_\_\_ *[identity card no. of the baby's mother]*. I confirm that all the information provided above is true and factual.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_