Additional information of Cremation Permit application form (Bahasa Indonesia, Hindi, Nepali, Punjabi, Tagalog, Thai, Urdu, and Vietnamese)

Bahasa Indonesia

Form 1

PUBLIC HEALTH AND MUNICIPAL SERVICES ORDINANCE (Chapter 132)

APPLICATION TO CREMATE [s. 4]

Silakan masukkan nama Anda

Silakan masukkan nomor ID Anda, misalnya A123456(7)

Hapus yang tidak sesuai. Misalnya, jika Anda adalah anak almarhum, pilih 'Kerabat terdekat yang masih hidup di Hong Kong'

I, ...

ID no. : .....

Relationship : .....

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
person selected by the Director of Health in respect

Silakan masukkan hubungan Anda dengan almarhum. Misalnya, jika Anda adalah anak almarhum, pilih 'Anak'

Silakan masukkan nomor telepon Anda

...o. : .....

Silakan masukkan nama almarhum

Silakan masukkan nomor ID almarhum, misalnya A123456(7)

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

Hapus yang tidak sesuai

*who died / *which was still-born at .....

Silakan masukkan tempat meninggalnya almarhum, misalnya …….. Rumah Sakit

Silakan masukkan tanggal meninggalnya, misalnya 20

.....on the ..... day of ..... 20.....

Silakan masukkan bulan dan tahun meninggalnya, misalnya Januari 2025

Hapus yang tidak sesuai

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

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

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

Silakan masukkan tanggal hari ini, misalnya 21

Silakan masukkan bulan dan tahun hari ini, misalnya Januari 2025

Silakan tanda tangani

Signature.....

Silakan masukkan alamat Anda

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.

D.H. 73(S) (Rev. 2024)

Hindi

Form 1

PUBLIC HEALTH AND MUNICIPAL SERVICES ORDINANCE (Chapter 132)

APPLICATION TO CREMATE [s. 4]

कृपया अपना नाम दर्ज करें

कृपया अपना आईडी कार्ड नंबर दर्ज करें, जैसे A123456(7)

जहाँ उपयुक्त हो हटाएं। उदाहरण के लिए, यदि आप मृतक के बेटे हैं, तो 'हांग कांग में निकटतम जीवित रिश्तेदार' चुनें

I, ...

ID no. : .....

Relationship : .....

Tel no. : .....

कृपया मृतक के साथ अपने रिश्ते दर्ज करें। उदाहरण के लिए, यदि आप मृतक के बेटे हैं, तो 'बच्चे' चुनें

कृपया अपना टेलीफोन नंबर दर्ज करें।

{ 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

कृपया मृतक का नाम दर्ज करें

कृपया मृतक का आईडी कार्ड नंबर दर्ज करें, जैसे A123456(7)

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

जहाँ उपयुक्त हो हटाएं।

*who died / *which was still-born at .....

कृपया मृतक की मृत्यु का स्थान दर्ज करें, जैसे... अस्पताल

कृपया मृत्यु का दिन दर्ज करें, जैसे 20

.....on the ..... day of ..... 20.....

कृपया मृत्यु का महीना और वर्ष दर्ज करें, जैसे जनवरी 2025

जहाँ उपयुक्त हो हटाएं।

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

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

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

कृपया आज का दिन दर्ज करें, जैसे 21

कृपया आज का महीना और वर्ष दर्ज करें, जैसे जनवरी 2025

कृपया हस्ताक्षर करें

Signature.....

कृपया अपना पता दर्ज करें

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.

D.H. 73(S) (Rev. 2024)

Nepali

Form 1

PUBLIC HEALTH AND MUNICIPAL SERVICES ORDINANCE (Chapter 132)

APPLICATION TO CREMATE [s. 4]

कृपया आफ्नो नाम प्रविष्ट गर्नुहोस्

कृपया आफ्नो ID कार्ड नम्बर प्रविष्ट गर्नुहोस्। जस्तै: A123456(7)

उपयुक्त भएमा मेटाउनुहोस्। उदाहरणका लागि, यदि तपाईं मृतकको छोरा हुनुहुन्छ भने, 'हङकङमा सबैभन्दा नजिकको जीवित नातेदार' चयन गर्नुहोस्

I, ...

ID no. : .....

Relationship : .....

Tel no. : .....

कृपया मृतकसँगको आफ्नो सम्बन्ध प्रविष्ट गर्नुहोस्। उदाहरणका लागि, यदि तपाईं मृतकको छोरा हुनुहुन्छ भने, 'बालबालिका' चयन गर्नुहोस्

कृपया आफ्नो टेलिफोन नम्बर प्रविष्ट गर्नुहोस्।

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 : .....

कृपया मृतकको नाम प्रविष्ट गर्नुहोस्

कृपया मृतकको ID कार्ड नम्बर प्रविष्ट गर्नुहोस्, जस्तै: A123456(7)

कृपया मृत्यु भएको दिन प्रविष्ट गर्नुहोस्, जस्तै: 20

उपयुक्त भएमा मेटाउनुहोस्।

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

कृपया मृतकको मृत्यु भएको स्थान प्रविष्ट गर्नुहोस्, जस्तै: ..... अस्पताल

कृपया मृत्यु भएको महिना र वर्ष प्रविष्ट गर्नुहोस्, जस्तै: जनवरी 2025

उपयुक्त भएमा मेटाउनुहोस्।

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

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

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

कृपया आजको दिन प्रविष्ट गर्नुहोस्, जस्तै: 21

कृपया आजको महिना र वर्ष प्रविष्ट गर्नुहोस्, जस्तै: जनवरी 2025

Signature.....

कृपया हस्ताक्षर गर्नुहोस्

Address.....

कृपया आफ्नो ठेगाना प्रविष्ट गर्नुहोस्

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.

D.H. 73(S) (Rev. 2024)

Punjabi

Form 1

PUBLIC HEALTH AND MUNICIPAL SERVICES ORDINANCE (Chapter 132)

APPLICATION TO CREMATE [s. 4]

ਕਿਰਪਾ ਕਰਕੇ ਆਪਣਾ ਨਾਮ ਦਰਜ ਕਰੋ

ਕਿਰਪਾ ਕਰਕੇ ਆਪਣਾ ਆਈਡੀ ਕਾਰਡ ਨੰਬਰ ਦਰਜ ਕਰੋ। ਜਿਵੇਂ ਕਿ, A123456(7)

ਜਿੱਥੇ ਉਚਿਤ ਹੋਵੇ ਮਿਟਾਓ। ਉਦਾਹਰਨ ਲਈ, ਜੇਕਰ ਤੁਸੀਂ ਮ੍ਰਿਤਕ ਦੇ ਪੁੱਤਰ ਹੋ, ਤਾਂ 'ਹਾਂਗ ਕਾਂਗ ਵਿੱਚ ਸਭ ਤੋਂ ਨਜ਼ਦੀਕੀ ਬਚੇ ਹੋਏ ਰਿਸ਼ਤੇਦਾਰ' ਚੁਣੋ।

I, ...

ID no. : .....

Relationship : .....

el 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 administrati
person selected by the Director of Health in respect

ਕਿਰਪਾ ਕਰਕੇ ਮ੍ਰਿਤਕ ਨਾਲ ਆਪਣਾ ਰਿਸ਼ਤਾ ਦਰਜ ਕਰੋ। ਜਿਵੇਂ ਕਿ, ਜੇਕਰ ਤੁਸੀਂ ਮ੍ਰਿਤਕ ਦੇ ਪੁੱਤਰ ਹੋ, ਤਾਂ 'ਬੱਚੇ' ਚੁਣੋ।

ਕਿਰਪਾ ਕਰਕੇ ਆਪਣਾ ਟੈਲੀਫੋਨ ਨੰਬਰ ਦਰਜ ਕਰੋ।

ਕਿਰਪਾ ਕਰਕੇ ਮ੍ਰਿਤਕ ਦਾ ਆਈਡੀ ਕਾਰਡ ਨੰਬਰ ਦਰਜ ਕਰੋ, ਜਿਵੇਂ ਕਿ, A123456(7)

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

ਕਿਰਪਾ ਕਰਕੇ ਮ੍ਰਿਤਕ ਦਾ ਨਾਮ ਦਰਜ ਕਰੋ

ਜਿੱਥੇ ਉਚਿਤ ਹੋਵੇ ਮਿਟਾਓ।

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

ਕਿਰਪਾ ਕਰਕੇ ਮੌਤ ਦਾ ਦਿਨ ਦਰਜ ਕਰੋ, ਜਿਵੇਂ ਕਿ, 20

ਕਿਰਪਾ ਕਰਕੇ ਮ੍ਰਿਤਕ ਦੀ ਮੌਤ ਦੀ ਜਗ੍ਹਾ ਦਰਜ ਕਰੋ, ਜਿਵੇਂ ਕਿ ..... ਹਸਪਤਾਲ

ਕਿਰਪਾ ਕਰਕੇ ਮੌਤ ਦਾ ਮਹੀਨਾ ਅਤੇ ਸਾਲ ਦਰਜ ਕਰੋ, ਜਿਵੇਂ ਕਿ, ਜਨਵਰੀ 2025

ਜਿੱਥੇ ਉਚਿਤ ਹੋਵੇ ਮਿਟਾਓ।

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

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

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

ਕਿਰਪਾ ਕਰਕੇ ਅੱਜ ਦਾ ਦਿਨ ਦਰਜ ਕਰੋ, ਜਿਵੇਂ ਕਿ 21

ਕਿਰਪਾ ਕਰਕੇ ਅੱਜ ਦਾ ਮਹੀਨਾ ਅਤੇ ਸਾਲ ਦਰਜ ਕਰੋ, ਜਿਵੇਂ ਕਿ ਜਨਵਰੀ 2025

ਕਿਰਪਾ ਕਰਕੇ ਦਸਤਖਤ ਕਰੋ

Signature.....

ਕਿਰਪਾ ਕਰਕੇ ਆਪਣਾ ਪਤਾ ਦਰਜ ਕਰੋ

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.

D.H. 73(S) (Rev. 2024)

Tagalog

Form 1

PUBLIC HEALTH AND MUNICIPAL SERVICES ORDINANCE (Chapter 132)

APPLICATION TO CREMATE

Pakilagay ang iyong pangalan

Pakilagay ang numero ng inyong ID card, hal. A123456(7)

Burahin ang hindi naaangkop. Halimbawa, kung ikaw ay anak na lalaki ng namatay, piliin ang 'Pinakamalapit na kamag-anak na nabubuhay sa Hong Kong'

4]

I, ... (executor / nearest surviving relative in Hong Kong / torney or agent of the executor or nearest surviving relative in Hong Kong / erson having in his possession a direction in writing purported to be signed by the deceased / erson being eligible for grant of letters of administra / person selected by the Director of Health in respect

Pakilagay ang iyong kaugnayan sa namatay. Halimbawa, kung ikaw ay anak na lalaki ng namatay, piliin ang 'Anak'

ID no. : .....

Relationship : .....

Tel no. : .....

Pakilagay ang numero ng inyong telepono

Pakilagay ang ID card number ng namatay, hal. A123456(7)

Pakilagay ang pangalan ng namatay

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

Pakilagay ang araw ng pagkamatay, hal. 20

Pakilagay ang buwan at taon ng pagkamatay, hal. Enero 2025

Burahin ang hindi naaangkop

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

Pakilagay ang lugar ng pagkamatay ng namatay, hal. …….. Ospital

Burahin ang hindi naaangkop

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

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

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

Pakilagay ang araw ngayon, hal. 21

Pakilagay ang buwan at taon ngayon, hal. Enero 2025

Mangyaring lagdaan

Signature.....

Pakilagay ang iyong tirahan

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.

D.H. 73(S) (Rev. 2024)

Thai

Form 1

PUBLIC HEALTH AND MUNICIPAL SERVICES ORDINANCE (Chapter 132)

APPLICATION TO CREMATE

. 4]

กรุณากรอกชื่อของคุณ

กรุณากรอกหมายเลขบัตรประจำตัวประชาชน เช่น A123456(7)

ลบออกตามความเหมาะสม เช่น หากคุณเป็นบุตรของผู้เสียชีวิต ให้เลือก "ญาติที่ยังมีชีวิตอยู่ที่อยู่ใกล้ที่สุดในฮองกง

I, ... being the*
- 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

ID no. : .....

Relationship : .....

Tel no. : .....

กรณากรอกความสัมพันธ์ของคุณกับผู้เสียชีวิต ตัวอย่างเช่น หากคุณเป็นบุตรของผู้เสียชีวิต ให้เลือก "บุตร"

กรุณากรอกหมายเลขโทรศัพท์ของคุณ

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

กรุณากรอกหมายเลขบัตรประจำตัวประชาชนของผู้เสียชีวิต เช่น A123456(7)

กรุณากรอกชื่อผู้เสียชีวิต

ลบออกตามความเหมาะสม

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

กรุณากรอกวันที่เสียชีวิต เช่น 20

กรุณากรอกเดือนและปีที่เสียชีวิต เช่น มกราคม 2025

กรุณากรอกสถานที่เสียชีวิตของผู้เสียชีวิต เช่น ..... โรงพยาบาล

ลบออกตามความเหมาะสม

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

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

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

กรุณากรอกวันที่ปัจจุบัน เช่น 21

กรุณากรอกเดือนและปีที่เสียชีวิต เช่น มกราคม 2025

Signature.....

กรุณาเซ็นชื่อ

Address.....

กรุณากรอกที่อยู่ของคุณ

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.

D.H. 73(S) (Rev. 2024)

Urdu

Form 1

PUBLIC HEALTH AND MUNICIPAL SERVICES ORDINANCE (Chapter 132)

APPLICATION TO CREMATE [s. 4]

براہ مہربانی اپنا نام داخل کریں

براہ مہربانی اپنا شناختی کارڈ نمبر داخل کریں مثلاً A123456(7)

حذف کریں جیسا کہ موزوں ہو۔ مثال کے طور پر، اگر آپ متوفی کے بیٹے ہیں تو، 'ہانگ کانگ میں قریبی ترین زندہ رشتہ دار' کو منتخب کریں

I, ... being the*

- 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

ID no. : .....

Relationship : .....

براہ مہربانی متوفی سے اپنا رشتہ داخل کریں۔ مثال کے طور پر، اگر آپ متوفی کے بیٹے ہیں تو،

Tel no. : .....

براہ مہربانی اپنا ٹیلیفون نمبر داخل کریں

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

براہ مہربانی متوفی کا نام داخل کریں

براہ مہربانی متوفی کا شناختی کارڈ نمبر داخل کریںA123456(7)، مثلاً

حذف کریں جیسا کہ موزوں ہو

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

براہ مہربانی تاریخ وفات داخل کریں، مثلاً 20

براہ مہربانی وفات کا ماہ اور سال داخل کریں، مثلاً جنوری 2025

براہ مہربانی متوفی کی جائے وفات داخل ہسپتال.....کریں، مثلاً

حذف کریں جیسا کہ موزوں ہو

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

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

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

براہ مہربانی آج کی تاریخ داخل کریں، مثلاً 21

براہ مہربانی آج کی تاریخ کا ماہ اور سال داخل کریں، مثلاً جنوری 2025

براہ مہربانی دستخط کریں

Signature.....

براہ مہربانی اپنا پتہ داخل کریں

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.

D.H. 73(S) (Rev. 2024)

Vietnamese

Form 1

PUBLIC HEALTH AND MUNICIPAL SERVICES ORDINANCE (Chapter 132)

APPLICATION TO CREMATE [s. 4]

Vui lòng nhập tên của bạn

Vui lòng nhập số ID của bạn, eg. A123456(7)

Xóa phần không phù hợp. Ví dụ, nếu bạn là con trai của người đã mất, hãy chọn 'Nearest surviving relative in Hong Kong'

I, ... being the*
- 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

ID no. : .....

Relationship : .....

Vui lòng nhập mối quan hệ của bạn với người đã mất. Ví dụ, nếu bạn là con trai của người đã mất, hãy chọn 'Children'

Tel no. : .....

Vui lòng nhập số Tel của bạn.

of ..... Vui lòng nhập tên của người đã mất ..... ID no. of the deceased : .....

Vui lòng nhập số ID của người đã mất, e.g. A123456(7)

Xóa phần không phù hợp

*who died / *which was still-born at .....

Vui lòng nhập nơi mất của người đã mất, e.g. …….. Hospital

Vui lòng nhập ngày mất, e.g. 20

.....on the ..... day of ..... 20.....

Vui lòng nhập tháng và năm mất, e.g. January 2025

Xóa phần không phù hợp

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

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

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

Vui lòng nhập ngày hôm nay, e.g. 21

Vui lòng nhập tháng và năm hiện tại, e.g. January 2025

Vui lòng ký tên

Signature.....

Vui lòng nhập địa chỉ của bạn

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.

D.H. 73(S) (Rev. 2024)