

墳場及火葬場組

CEMETERIES & CREMATORIA SECTION

申請流產胎（定義為「非活產嬰兒」¹以外的流產胎）火化服務

Application for Cremation Service for Abortus (defined as Abortus that is NOT “Still-birth”¹)

(甲部) 申請事項及詳情 (Section A) Particulars of Application

請只填選一項。Please tick one item only.

- ☐ 流產胎火化及將骨灰（如有）撒放於流產胎火化設施旁邊的專用花園
Cremation of Abortus and Scattering of Cremains (if any) in the Designated Garden next to the Abortus Cremation Facility
- ☐ 流產胎火化及自行保留骨灰（如有）
Cremation of Abortus and Self-keeping of the Cremains (if any)

(乙部) 申請人資料 (Section B) Particulars of Applicant

申請人姓名： (中文) _____ (英文) _____ ☐ 先生 / ☐ 女士
Name of Applicant (Chinese) (English) Mr. Ms.

中文電碼： _____ ☐ 香港身分證號碼 / ☐ 護照號碼： _____
Chinese Commercial Code HKID Card No. Passport No.

電話號碼： _____ 流動電話號碼^： _____
Tel. No. Mobile Phone No. ^

與流產胎關係： _____
Relationship with the Abortus

聯絡地址： _____
Correspondence Address

☐ 香港 HK / ☐ 九龍 Kln / ☐ 新界 NT

☐ 本人以中文為日後的通訊語言。 ☐ I would use English for future correspondence.

^註： 為支持環保，本人同意食物環境衛生署（食環署）以 WhatsApp／電話短訊形式通知有關申請結果及作日後通訊之用，而不再另行發出書面通知。請注意，如你欲以郵寄方式接收申請結果／日後通訊，請在以下方格填上「✓」號。

Note: In support of environmental protection, I agree that the Food and Environmental Hygiene Department (FEHD) will notify the application results and for future communications by WhatsApp/phone short message without further written notification. **Please note that if you wish to receive the application results/future communications by post, please tick the box below.**

☐ 本人欲以郵寄方式接收食環署發出的通知／訊息。 I wish to receive notification/message from the FEHD by post.

(丙部) 流產胎母親資料（只適用於申請人並非流產胎母親）

(Section C) Particulars of Mother of Abortus (only applicable when the applicant is **NOT** the mother of abortus)

流產胎母親姓名： (中文) _____ (英文) _____
Name of Mother of Abortus (Chinese) (English)

中文電碼： _____ ☐ 香港身分證號碼 / ☐ 護照號碼： _____
Chinese Commercial Code HKID Card No. Passport No.

注意：大部分流產胎於火化後可能不會遺留骨灰

Note: In most circumstances, cremains of abortus would NOT be left after cremation

¹ 「非活產嬰兒」定義為獲發根據《生死登記條例》（第 174 章）表格 13 所指的嬰兒非活產證明書的流產胎。
“Still-birth” is defined as abortus that has been issued with a Certificate of Still-birth referred to as Form 13 under the Births and Deaths Registration Ordinance (Cap. 174).

☐ 請在適當的方格內填上「✓」號。Please tick the appropriate box.

(丁部) 流產胎資料 (Section D) Particulars of the Abortus

流產胎姓名² (如有): (中文) _____ (英文) _____
Name of the Abortus² (if any) (Chinese) (English)

流產日期: _____ / _____ / _____ 懷孕週數: _____
Date of Abortion 日 DD 月 MM 年 YYYY Week of Gestation

流產地點 (醫院/醫療機構名稱): _____
Place of Abortion (Name of Hospital/Healthcare Facility)

證明文件: ☐ 流產胎文件 ☐ 其他 (請註明): _____
Documentary Proof Documentation on Abortus Others (please specify)

擬申請執行火化日期及時間: _____ / _____ / _____ 於 ☐ 上午 ☐ 下午
Intended Date and Time of Cremation 日 DD 月 MM 年 YYYY at a.m. p.m.

食環署可為流產胎在「無盡思念」網站免費開設專屬紀念網頁 (請參閱附件第 4 項)。如欲獲得有關服務, 請提供電郵地址及表示同意如下:

FEHD may create a dedicated memorial webpage for the abortus at the Internet Memorial Service free of charge (please read item 4 of Annex). If you wish to receive the service, please provide your email address and indicate your consent below:

☐ 本人同意貴署使用我的電郵地址作上述用途。 電郵地址: _____
I agree to the use of my email address by the Department Email Address
for the above purpose.

(戊部) 申請人聲明 (Section E) Declaration by Applicant

謹此聲明, 本人已清楚知悉大部分流產胎於火化後可能不會遺留骨灰。另外, 就本人所知所信, 在本申請表格所填報的資料, 均屬真實無訛。本人明白, 如填報的資料經查明失實或作出虛假聲明, 本申請將不獲批准, 如已獲批准亦將會被撤回。本人也可能須為虛假資料或聲明負上相關的法律責任。本人並同意遵守食環署所訂立的使用服務要求及條件 (見附件)。如本人的聯絡資料日後有所更改, 本人須適時通知食環署。

I hereby declare that **I am well aware that cremains of abortus would not be left after cremation in most circumstances.** Besides, to the best of my knowledge and belief all the information contained in this application form is true and correct. I understand that this application will not be approved or such approval if given will be revoked if I have given false information or made a false declaration. Also, I may be held liable for any consequences of giving false information or making false declaration. I shall observe the service requirements and conditions for using the service (see **Annex**) stipulated by FEHD. If there is any change in my contact information in the future, I should update FEHD as appropriate.

日期: _____ / _____ / _____ 申請人簽署
Date 日 DD 月 MM 年 YYYY Signature of Applicant

² 必須與證明文件上的流產胎姓名相符 (如有)。 Must be identical to that stated in the documentary proof (if any).

☐ 請在適當的方格內填上「✓」號。 Please tick the appropriate box.

此欄只供辦事處填寫 FOR OFFICE USE ONLY

查核人員：

Checked by

日期（日／月／年）

Date (dd/mm/yyyy)

查核人員簽署

Signature of Checking Officer

查核人員姓名及職位

Name and Post Title of Checking Officer

核准人員：

Approved by

日期（日／月／年）

Date (dd/mm/yyyy)

核准人員簽署

Signature of Approving Officer

衛生督察姓名及職位

Name and Post of Health Inspector

內部參考編號：

Internal Reference No.

火化當日由操作人員填寫 TO BE COMPLETED ON DATE OF CREMATION BY OPERATIVE

火化日期：

Date of Cremation

日期（日／月／年）

Date (dd/mm/yyyy)

火化時間：

Time of Cremation

開始時間

Beginning time

結束時間

Ending time

流產胎火化前重量：

Weight of Abortus before Cremation

克 Gram

流產胎火化後骨灰重量（如有）：

Weight of Cremains after Cremation (if any)

克 Gram

操作人員簽署

Signature of Operative

操作人員姓名

Name of Operative

火化當日由申請人填寫 TO BE COMPLETED ON DATE OF CREMATION BY APPLICANT

申請人填寫及簽署 TO BE COMPLETED AND SIGNED BY THE APPLICANT：

- ☐ 本人不會在此等候火化完成，若流產胎於火化後有遺留骨灰，請食環署以體統方式處置。
I will not wait for the cremation to be completed here. If there is any cremains left after cremation of abortus, FEHD may dispose it in a decent manner.
- ☐ 本人已知悉流產胎在火化後並無遺留骨灰。
I acknowledge that no cremains was left after this cremation of abortus.
- ☐ 本人已收妥骨灰，並自行撒放於專用花園。
I have well collected the cremains and will scatter at designated garden by myself.
- ☐ 本人已收妥流產胎骨灰，並自行保留骨灰。
I have well collected the cremains, which will be kept by myself.

日期：

Date

日 DD

月 MM

年 YYYY

申請人姓名

Name of Applicant

申請人簽署

Signature of Applicant

☐ 請在適當的方格內填上「✓」號。 Please tick the appropriate box.

申請及服務須知 Notes for Application and Service	
1.	<p>本表格、流產胎火化及撒灰於專用花園的服務費用全免。 No fee is charged for this form, services for abortus cremation and scattering of cremains at designated garden.</p>
2.	<p>申請人與食環署進行任何事務往來時均不得向食環署人員提供任何利益。 Applicant, while having dealings of any kind of service with FEHD, should not offer any advantage to FEHD officers.</p>
3.	<p>凡符合下列準則的流產胎，均可申請在食環署轄下的流產胎火化設施進行火化： An abortus meeting the following criteria is eligible to apply for cremation in the cremation facility for abortuses of FEHD:</p> <p>◆ 持有由本地醫生或醫院或註冊醫療機構簽發的「流產胎文件」或其他證明文件，其父及／或母為香港居民的流產胎。 Abortus, with “Documentation on Abortus” or other documentary proof issued by a local medical practitioner or hospital or registered healthcare facility and the father and/or mother concerned is/are resident(s) of Hong Kong.</p>
4.	<p>申請人必須填寫本表格的甲、乙、丙、丁（如適用）及戊部。 Applicant should complete Sections A, B, C, D (if applicable) and E of this form.</p> <p>有意為流產胎在「無盡思念」網站 (memorial.gov.hk) 開設紀念網頁的申請人只需填寫電郵地址。食環署會預設一個載有流產胎姓名（如申請服務時未能提供流產胎姓名，流產胎姓名會預設為有關母親之流產胎，即「XXX之流產胎」）及流產日期的專屬紀念網頁，並於使用流產火化服務後兩個工作天內發出確認通知電郵，以便申請人隨時啟動戶口及登入紀念網頁編輯網頁內容。網上追思服務費用全免。 Applicant interested in creating a memorial webpage at the Internet Memorial Service (memorial.gov.hk) for the abortus only needs to provide his/her email address. FEHD will then create a dedicated memorial webpage displaying the name of abortus (if name of abortus is not available at the time of application, the name of abortus would be set as the abortus of the name of the mother concerned, i.e. abortus of XXX) and date of abortion. A notification email for confirmation will be issued within two working days after the cremation service of abortus starts. The applicant may then activate the account, log in to the webpage and edit the contents at any time. The Internet Memorial Service is free of charge.</p>
5.	<p>此申請表格的戊部須由申請人親自簽署，否則本申請將被視作無效。申請人如無簽名的能力，則須在高級衛生督察（墳場及火葬場）、衛生督察（墳場及火葬場）或高級管工（墳場及火葬場）面前畫上記號。 Section E of this application form must be signed by the applicant personally. Otherwise, this application will be treated as null and void. If the applicant is unable to sign the application, he/she is required to attend either before the Senior Health Inspector (Cemeteries and Crematoria), Health Inspector (Cemeteries and Crematoria) or Senior Foreman (Cemeteries and Crematoria) to make his/her mark.</p>
6.	<p>放置流產胎的容器必須以紙或卡紙製造，申請人須自行準備及提供。容器之長度、闊度及高度分別不得多於 300 毫米、240 毫米及 240 毫米。若容器的要求不符合上述任何一項的規定，食環署將會取消相關流產胎火化服務的批核。 The container for keeping the abortus must be made by paper or cardboard, the applicant must prepare and supply the own container. The length, width and height of the container shall not exceed 300 mm, 240 mm and 240 mm respectively. If any of the requirements of the container is not complied with, FEHD will revoke the approval for the cremation service of abortus given.</p>
7.	<p>申請人須帶備的文件： The applicant should produce the following documents:</p> <ol style="list-style-type: none"> 由本地醫生或醫院或註冊醫療機構簽發的「流產胎文件」或其他證明文件正本及副本一份； the original and copy of the “Documentation on Abortus” or other documentary proof issued by local medical practitioner or hospital or registered healthcare facility; 申請人的香港身分證正本及副本一份；以及 the original and a copy of his or her own HKID Card; and 流產胎母親的香港身分證副本一份（只適用於申請人並非流產胎母親）。 a copy of the HKID Card of the abortus’s mother (only applicable when the applicant is not the mother of abortus). <p>申請人可將已填妥的申請表格，連同上述文件的副本於辦公時間內親自交到下列的食環署墳場及火葬場辦事處。如以郵遞／傳真／電子表格／電郵 (cc@fehd.gov.hk) 等方式遞交申請，只須提交上述文件副本。在火化當日，申請人必須帶同上述文件正本交予食環署職員核對，否則食環署可就申請人已提交的文件副本轉交簽發醫生或醫院或註冊醫療機構核實其真確性。食環署在得到文件核實結果前，保留拒絕提供服務的權利。 The applicant can submit in person the completed application form, together with copies of the above documents, to the Cemeteries and Crematoria Offices stated below during the office hours. The applicant may also submit the completed application form with the copies of required documents by fax / post / eform / email (cc@fehd.gov.hk). The original copies of the above documents must be submitted on the date of cremation for verification. If failure to provide, FEHD may forward the copies of submitted documents to local medical practitioner or hospital or registered healthcare facility for verification. FEHD reserves the rights of not providing the service before the receipt of the result of document verification.</p>

8.	<p>一般情況下，食環署可於收到已填妥申請表格及所需證明文件日期起計三個工作天內批核。</p> <p>In general, approval will be granted by FEHD within 3 working days from the date of receipt of a duly completed application form and required supporting document(s).</p>										
9.	<p>為衛生地處理流產胎，申請人有責任安排領取流產胎及火化於同日進行。</p> <p>For hygienic handling of abortus, the applicant has the responsibility to arrange retrieval and cremation of abortus to be conducted on the same day.</p>										
10.	<p>須遵守的要求或條件如下：</p> <p>Requirements or Conditions to be complied with are as follows:</p> <p>(i) 在申請獲得批准後，申請人應聯絡有關醫院／醫療機構，自行安排在已批准的火化日期當日從持有流產胎當局／人士領取流產胎並隨即帶到食環署流產胎火化設施進行火化。</p> <p>Upon approval of the application, the applicant shall liaise with the hospital/healthcare facility concerned and shall arrange the retrieval of the abortus from the authority in possession of the abortus and thereafter bring the abortus to the cremation facility of FEHD on the approval day of cremation on his/her own.</p> <p>(ii) 申請人明白及同意，為處理此申請或確保交回的流產胎如期地以妥善的方式處理，食環署及正或曾持有流產胎當局／人士在其認為適當的情況下，可向第三者披露申請人及其流產胎的姓名及其他有關此申請或流產胎的資料。</p> <p>The applicant understands and agrees that FEHD and the authority/person in possession of the abortus currently or previously may disclose his/her name and the name of the abortus and other information to a third party whenever they consider it appropriate for the purpose of processing the application and ensuring the handling of the released abortus in an appropriate manner as scheduled.</p> <p>(iii) 流產胎火化後，申請人須自行於流產胎火化設施旁邊的專用花園撒放流產胎火化後的骨灰或自行領取骨灰（只適用於流產胎於火化後有骨灰遺留的情況）。</p> <p>The applicant shall scatter the cremated ashes of the abortus at the designated garden next to the cremation facility or collect the cremains on his/her own after the cremation (only applicable to those cases with cremains left after the cremation).</p> <p>(iv) 若申請人未能在批核日期起計三個月內將流產胎帶到流產胎火化設施進行火化，有關批准將會被「視作無效」，食環署也不會另行通知。</p> <p>If the applicant fails to bring the abortus to cremation facility within 3 months from the date of approval, the approval will be regarded as “Invalid” without further notice.</p> <p>(v) 申請表格內所填報的流產胎姓名（如有）及其母親姓名必須與有關的證明文件相符。</p> <p>The name of abortus (if any) and the mother’s name on the application form should be identical to that stated in the documentary proof.</p>										
11.	<p><u>查詢 Enquiries</u></p> <table border="0"> <tr> <td>港島墳場及火葬場辦事處 Hong Kong Cemeteries and Crematoria Office</td> <td>—</td> <td>香港跑馬地黃泥涌道 1 號 J（香港墳場側） 1J Wong Nai Chung Road, Happy Valley Hong Kong (Next to Hong Kong Cemetery)</td> <td>電話號碼：2570 4318 Tel. No. 傳真號碼：2591 1879 Fax No.</td> </tr> <tr> <td>九龍墳場及火葬場辦事處 Kowloon Cemeteries and Crematoria Office</td> <td>—</td> <td>九龍紅磡暢行道 6 號地下高層 Upper Ground Floor, 6 Cheong Hang Road, Hung Hom, Kowloon</td> <td>電話號碼：2365 5321 Tel. No. 傳真號碼：2176 4963 Fax No.</td> </tr> </table>			港島墳場及火葬場辦事處 Hong Kong Cemeteries and Crematoria Office	—	香港跑馬地黃泥涌道 1 號 J（香港墳場側） 1J Wong Nai Chung Road, Happy Valley Hong Kong (Next to Hong Kong Cemetery)	電話號碼：2570 4318 Tel. No. 傳真號碼：2591 1879 Fax No.	九龍墳場及火葬場辦事處 Kowloon Cemeteries and Crematoria Office	—	九龍紅磡暢行道 6 號地下高層 Upper Ground Floor, 6 Cheong Hang Road, Hung Hom, Kowloon	電話號碼：2365 5321 Tel. No. 傳真號碼：2176 4963 Fax No.
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12.	<p><u>收集個人資料聲明 Personal Information Collection Statement</u></p> <p>(i) 食環署會利用經本表格所提供的個人資料，處理流產胎安放服務的申請事宜。提供個人資料與否，純屬自願性質，但在資料不足的情況下，食環署有可能沒法處理有關申請。 The personal data provided by means of this form will be used by FEHD for purposes relating to applications for the cremation service of abortus. The provision of personal data by means of this form is voluntary. However, if the applicant does not provide sufficient information, we may not be able to process the application.</p> <p>(ii) 本表格內所提供的個人資料，可能會被轉交其他政府部門或機構，以達致上文第 12(i) 段所載的目的。 The personal data provided by means of this form may be disclosed to other government departments and agencies in pursuance of the purposes mentioned in paragraph 12(i) above.</p> <p>(iii) 根據《個人資料（私隱）條例》第 18 條、第 22 條及附表 1 內第 6 原則的規定，申請人有權查閱及更正他／她提供的個人資料。查閱的權利包括有權索取本表格內所提供的個人資料副本一份。食環署應查閱要求而提供資料時，可能會徵收費用。 The applicant has a right of access and correction with respect to the personal data provided for in accordance with Sections 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. His/her right of access includes the right to obtain a copy of his/her personal data which he/she has provided by means of this form. A fee may be imposed for complying with a data access request.</p> <p>(iv) 如對經由本表格提供個人資料一事有任何疑問，包括查閱及更正個人資料等，可向食環署高級衛生督察（墳場及火葬場）提出，聯絡資料已在上面列出。 Enquiries concerning the personal data collected by means of this form, including access to and correction of the data, should be addressed to the Senior Health Inspector (Cemeteries and Crematoria) of FEHD, the contact particulars are listed in the above.</p>
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