

Section 18 of Schedule 5 to the Private Columbaria Ordinance
Supplementary Information on
Application for Alternative Ash Disposal Procedures
to Replace “Prescribed Ash Disposal Procedures”

The applicant shall provide all information required in this form¹ for the Director of Food and Environmental Hygiene (the Director) to consider whether to approve the application.

The applicant shall provide sufficient grounds and information to satisfy the Director that the “ash disposal plan” submitted by the applicant is as effective as the “prescribed ash disposal procedures” in facilitating the return of the ashes interred in the columbarium, or the reinterment of those ashes.

I: Information of the [columbarium] / [premises for the original interment of the ashes]

(1) Name of the [columbarium] /
[premises for the original
interment of the ashes]: _____

(2) Address of the [columbarium] /
[premises for the original
interment of the ashes]: _____

II: Information of the ashes:

Information of the ashes to be disposed of:

(1) Total number of urns: _____
Total number of ash bags: _____
Total number of sets of ashes: _____

(2) Original storage places of the ashes:
(Please put a “✓” in the appropriate box below)
 Niches, the number of which (if applicable): _____
 Cabinet drawers, the number of which
(if applicable): _____
 Others (if applicable): _____
(Please specify the storage places of the ashes)

¹ According to the Code on Access to Information, the Food and Environmental Hygiene Department may disclose to the public that the above columbarium (information disclosed includes its name and address) has applied to carry out/is carrying out/has completed an “ash disposal plan” in accordance with section 18 of Schedule 5 to the Private Columbaria Ordinance, as well as the details of the plan.

III: Procedures specified in the “ash disposal plan”:

(1) Reason(s) for replacing the “prescribed ash disposal procedures” with the “ash disposal plan”:

(2) Proposed ways of ash disposal:

		Proposed plan by the applicant
(i)	Who will the applicant inform about the ash disposal arrangements? (e.g. relatives of the deceased, purchasers or renters of niches/interment rights, etc.)	
(ii)	How will the applicant inform the related persons of the ash disposal arrangements? (e.g. publishing notices in newspapers, issuing letters to such persons, contacting such persons by phone, etc.)	
(iii)	How will the applicant determine who are eligible to retrieve the ashes? (e.g. basing on the relevant agreements for the sale of interment right, the rental register of the operator, etc.)	
(iv)	How will the applicant record the retrieval of ashes by the related persons? (e.g. requiring such persons to sign for confirmation, etc.)	

(v)	<p>What information will be included in the “Records of Returned Ashes” kept by the applicant?</p> <p>(e.g. the original niche number of the returned ashes, the name of the deceased, the name and signature of the person who retrieved the ashes, the date of retrieval, etc.)</p>	
(vi)	<p>How long will the applicant keep the “Records of Returned Ashes”?</p>	
(vii)	<p>How long does the applicant expect to take to complete the return of ashes?</p> <p>Please provide the proposed starting and completion dates for the return of ashes.</p>	
(viii)	<p>If there are still ashes in the columbarium not yet returned to the related persons after the proposed completion date for the return of ashes, how will the applicant handle those ashes?</p>	
(ix)	<p>If the applicant proposes to reinter the ashes in a columbarium with a valid licence or at any premises specified in section 4 of the Ordinance, please provide the name and address of the premises where the ashes will be reinterred, as well as the schedule for the proposed reinterment.</p> <p>(The applicant should confirm that arrangements will be made for the reinterment of the ashes on terms no less favourable than the terms governing interment of the ashes in the original columbarium.)</p>	

(x)	Other suggestions by the applicant	
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Signature of the applicant: _____

Name of the applicant: _____

HKID no. of the applicant: _____

Relationship of the applicant
with the columbarium: _____

Post of the applicant: _____

Date of signature: _____