

Part 3 continued

Age at date of death

Sex

Male Female

Status

married/civil partnership widow/widower/surviving civil partner single

Part 4 The application

1. Are you a near relative or an executor of the person who has died? Yes No

Near relative means the widow, widower or surviving civil partner of the person who has died, or a parent or child of the person who has died, or any other relative usually residing with the person who has died.

If No, please give the nature of your relationship and explain why you are making the application rather than a near relative or an executor.

2. Is there any near relative(s) or executor(s) who has not been informed of the proposed cremation? Yes No

If Yes, please give the name(s) and the reason(s) why they have not been contacted.

3. Has any near relative or executor expressed any objection to the proposed cremation? Yes No

If Yes, please give details.

4. What is the date and place of the death or stillbirth?

Date

Time

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Part 6 continued

Option 2: Ashes to be collected from the crematorium

Please give further details of your wishes here, such as who will collect the ashes (for instance you and / or another family member, funeral director, or another specified person); and by which date, if known. The person collecting the ashes should bring a form of identification.

Option 3: Ashes to be held awaiting your decision

Please give further details of your wishes here, for instance where and for how long the ashes should be held awaiting your decision.

When you have later made a decision, please confirm this, in writing with your signature, to your funeral director or crematorium.

Part 7 Recovery of ashes

Despite every effort being made to recover ashes following a cremation, on very rare occasions (particularly with a cremation of stillborn children) there may be no recoverable ashes. If you have any questions about this, please ask your funeral director or crematorium.

Please tick the box below to confirm that you understand this and that you wish to proceed with the cremation.

Part 8 Statement of truth

I apply for the following body parts of the person who has died to be cremated and I certify that I am at least 16 years of age.

I believe that the facts given in this application are true. I am aware that it is an offence to wilfully make a false statement with a view to obtaining the cremation of any human remains.

Print your full name

Signed

Dated

□□ / □□ / □□□□

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Part 4 continued

5. Please give the address where the person died.

Address

□□□□ □□□□

Please state whether it was the residence of the person who has died or a hotel, hospital or nursing home etc

Their home Hospital Other (please specify)

Hotel Nursing home

6. Do you know or suspect that the death of the person who has died was violent or unnatural? Yes No

7. Do you consider that there should be any further examination of the remains of the person who has died? Yes No

If you have answered Yes to questions 6 or 7, please give reasons below.

8. What is the name, address and telephone number of the usual doctor of the person who has died?

Doctor's name

Address

□□□□ □□□□

Telephone number

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