

This form must be submitted to
the Registrar no later than 9.30am
2 working days before cremation.

Booking Reference

Cremation Reference

Details of the person who has diedName of
Deceased:

DoB:

Your details (the applicant)Name of
Applicant:Relationship
to Deceased:Email
Address:Telephone
Number:

Home:

Mobile:

Details of the crematoriumName of
Crematorium:Date of
Cremation:Branch
Name:

Address

Contact
Name:Tel
Number:**Coffin details**Coffin
Dimensions:

Width:

Length:

Depth:

Is the coffin heavier than
22 stone or 140kg?☐

No

☐

Yes

If 'yes', please give
approx. coffin weight:Coffin
Type?☐

Traditional

☐

Wicker

☐

Other (state type):

Declaration

I, the applicant for the cremation of the above-named deceased can confirm that my instructions for the ashes are in the accompanying Application Form (Cremation Form 1).

We understand that this is both a very difficult time and a difficult decision. To that end we will contact you following the funeral to confirm your instructions and to offer any assistance you may need.

Signature:

Date:

Disposal of Orthopaedic Implants & Metal Residues

All metals retrieved will be sensitively recycled. Proceeds will be distributed amongst Westerleigh Group selected charities, local activities and environmental initiatives which will benefit the communities we serve.

☐ **TICK only if you require residues returned to you.****Receipt for cremated remains**Received from the
Registrar at:

Crematorium

Capacity (select as appropriate):

☐

Funeral Director

☐

Applicant

☐

Authorised Person

Signature:

Date:

Name (block
capitals):

Address