

**Co-Op Direct Cremation Particulars Form** (Scotland) e: bookacremation@distinctcremations.co.uk t: 01543 471822**Details of the
person who
has died**Name of
Deceased:

DoB:

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

Home:

Mobile:

**Details of the
crematorium**Name 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.****Collection
of Cremated
Remains**The Cremated
Remains of the late:

Signature:

Date:

Received
from the
Crematorium
ManagerName (block
capital):

Capacity (select as appropriate):

☐

Funeral Director

☐

Applicant

☐

Authorised Person

FOR OFFICE
USE ONLY

Address:

**Ashes Not
Collected**Applicant contacted (4 weeks from
date following date of cremation):

Date:

Instruction
received:☐

Yes

No further instructions received
(4 weeks from date above):☐

None

Date:

Name:

Signature:

**Ashes
Scattered**

Date:

Location: