

Application for cremation of the body of a person who has died

This form must be completed by a person who is at least 16 years of age.
Please complete this form in full. If a part does not apply, enter 'N/A'

Cremation 1
replacing Cremation 1
issued in 2018

0324

Part 1: Details of the crematorium

Name of crematorium where cremation will take place

ELTHAM CREMATORIUM

Name of funeral director

Telephone number

E-mail

Full name of the deceased person

The information provided on this form is a legal requirement under the Cremation (England and Wales) Regulations 2008 and will be processed in line with Data Protection legislation. The data will be held by the cremation authority that is carrying out the cremation. It will be held securely, in confidence and processed solely for the purpose of carrying out the cremation and the handling of ashes. You have the right to know what data is held about you and you can, by contacting the cremation authority in writing, receive a copy of that data. The cremation authority is obliged to include in their privacy notice how the Information will be held, for how long and how you may make a complaint to the Information Commissioner's Office.

I confirm that all relevant documentation has been provided to the crematorium.

A list of relevant documentation can be found in the guidance at the link below:

<https://www.gov.uk/government/collections/cremation-forms-and-guidance>

Regulation 16(1Xa) of the Cremation (England and Wales) Regulations 2008

Part 2: Your details (the applicant)

Your full name

Address

Telephone number

E-mail

1. Are you a near relative and/or an executor of the person who has died? (please tick all that apply)

Near relative **Yes** **No**

Executor **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 you answer **No** to both Near relative and Executor, 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(s) or executor(s) expressed any objection to the proposed cremation?

Yes **No**

If **Yes**, please give details including name(s).

Part 3: Details of the person who has died

Full name

Address

Occupation, or last occupation if retired or not in work, at date of death

Age at date of death

Sex

Male

Female

Status

married/civil partnership

widow/widower/surviving civil partner

single

1. To the best of your knowledge, what was the date and time of death of the person who has died?

Date

Time

2. Please give the address where the person died.

Address

3. Please give the name, address, e-mail address and telephone number of the medical practitioner(s) who attended the deceased person.

Doctor's name

Address

Telephone number

E-mail

4. Was any implant placed in the body which may become hazardous when the body is cremated (e.g. a pacemaker, radioactive device or "Fixion" intramedullary nailing system)?

- Yes**
- No**
- Don't know**

5. If you have answered Yes to question 4, please state whether it has been removed.

- Yes**
- No**
- Don't know**

6. If you have answered No or Don't know to question 5, please give details of the device and its location.

--

Part 4: Disposal of ashes

The term “ashes” means all the material left in the cremator after cremation, and following the removal of any metal, and any subsequent grinding or other process which is applied to the material.

Applicant’s instructions for ashes

Local practices regarding ashes vary and your funeral director or cremation authority will be able to advise you about these.

Please then tick the relevant box to confirm whether you have chosen Option 1, 2 or 3 below for the ashes following this cremation and provide further details in the relevant free text box.

If you choose Option 1 or 2 you may alter your choice, confirmed in writing with your signature, before the cremation authority has made arrangements to implement your chosen option, so please advise your funeral director or the crematorium as soon as possible if you change your mind.

Option 1. Ashes to be scattered / interred / otherwise dealt with by the crematorium

Please give further details of your wishes here, from the options offered by the crematorium, for instance where the ashes should be scattered / placed and when; and whether you wish this to be witnessed or unwitnessed.

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, the 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.

Disposal of metals

Should you wish to dispose of the metals in any other way then please indicate by ticking the box and metals will be returned to you within the cremated remains or separately from them.

See guidance for more details.

Part 5: Recovery of ashes

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

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

Part 6: Statement of truth

I apply for the body 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

Date

DD/MM/YYYY