



APPLICATION FOR CREMATION

APPLICANT'S DETAILS:

I, (Full Name): _____

Address: _____

Email: _____

Phone (H): _____ Mobile: _____

apply to Thames Valley Crematory Ltd (**or any other Cremating Authority**) to undertake the Cremation of the body of:

(full name of Deceased): _____

Age: _____ (select 1 box): Male Female

Relationship details: Was the deceased married, widowed, widower or never married: _____

1. Are you an executor of the deceased: Yes No

2. Are you a near relative of the deceased? If so please state relationship: _____

3. If you are not the executor or a near relative*, please state the reason why you are making this application and not a relative or the executor:

4. Have the near relatives* of the deceased been informed of the proposed cremation: Yes No

5. If this application is not by an executor, is there an executor of the deceased: Yes No

6. If there is an executor has he/she been informed of the proposed cremation: Yes No

7. To the best of your knowledge and belief, has any near relative or executor of the deceased expressed any objection to the proposed cremation? Yes No

If yes, on what grounds: _____

8. Date of death: _____ Time of the death: _____
Day/Month/Year

9. Place of death: (Give address and name of institution, home or residence): _____

10. Do you know any reason to suspect that the death was due, directly or indirectly to –

a) Violence: Yes No

b) Poison: Yes No

c) Privation or neglect: Yes No

d) Illegal operation: Yes No

11. Do you know of any reason whatever for supposing that an examination of the body of the deceased may be desirable? Yes No



12. Do you have any reason to suspect that the body of the deceased contains a cardiac pacemaker or other biomechanical device? Yes No

13. Give the name and address of the ordinary medical attendant of the deceased:

14. Give the names and addresses of all the medical practitioners who attended the deceased during his (or hers) last illness:

15. Who were the persons (if any) that were present at the time of death? _____

16. Was the deceased a member of a religious denomination whose tenets require the burning of the body to be carried out as a religious rite elsewhere than an approved Crematorium? Yes No

17. If so, give the name by which the religious denomination is known by: _____

DECLARATION

I hereby certify, with a view to procuring the cremation of the body of the above-named deceased, that all the particulars stated above are true, and that to the best of my knowledge and belief no particular information has been omitted.

I also certify that the casket does not contain any inflammable materials, items with batteries, diecast metals, plastics, glassware and live ammunition.

Applicant's Signature: _____ **Date:** _____

Witness:

Signature: _____ Full Name: _____

Address: _____

Occupation: _____

Phone: _____ Mobile: _____

Do you wish to be present at the charge (this is additional cost): Yes No

*Note:

The term 'near relative' as used in this form means:

- The spouse, civil union partner, or de facto partner of the deceased, but only if the spouse, civil union partner or de facto was living together with the deceased before his/her death; and
- A parent of the deceased; and
- Any child of the deceased who is aged 16 years or over, and
- Any other relative of the deceased who usually resided with him/her.