

PRELIMINARY APPLICATION FOR CREMATION

All completed paperwork must be delivered to the Medical Referee, Bereavement Services, Crematorium Office, Westfaling Street, Hereford HR4 0JE. Tel: 01432 383200 NOT LATER THAN 9.00 A.M. ONE WORKING DAY PRIOR TO THE CREMATION, excluding Weekends and Bank Holidays.

**PLEASE BE AWARE THAT MORE TIME WILL NEED TO BE ALLOWED
IF INSPECTION OF THE CREMATION FORMS IS REQUIRED**

DAY, DATE AND HOUR PROPOSED FOR CREMATION:-

(Day) (Date) atA.M./P.M.

FULL CHRISTIAN NAMES AND SURNAME OF THE DECEASED:-

Mr / Mrs / Miss / Ms.....
(BLOCK CAPITALS)

Type of Service:- (Please Circle) Full Committal No service

Denomination:.....

Name of Officiating Minister and Ministry:.....

Please state coffin size:-..... Do you wish to purchase an Ashes Casket?

Do you wish to book an extended 30 minutes service time?

- ONLY COLLECTIONS FOR APPROVED CHARITIES ARE ALLOWED AT SERVICES -
- MUSIC CAN ONLY BE PLAYED FROM A CD -

SERVICE TIME ALLOWED – 30 MINUTES

**I CONFIRM THAT I HAVE COMPLIED WITH THE CURRENT PROCEDURES REGARDING THE
CONSTRUCTION, LINING AND SIZE OF COFFIN USED. (Copy available on request).**

FUNERAL DIRECTOR SIGNATURE:.....

Please print name and address of Firm:.....

..... POST CODE:

TEL. NO: DATE:

FOR OFFICE USE:		£	P
Cremation No:	Cremation Fee		
Cheque No:	Medical Referee Fee		
Debit / Credit Card / Cash Payment	Saturday Surcharge		
Invoice No: Receipt No:	Postage		
Certificate of Cremation	Attended Interment in G of R		
Interment G of R (attended / unattended)	Extended Chapel Time		
Inspection of cremation forms: YES or NO			
Date telephoned:			
Times:			

1) DISPOSAL OF CREMATED REMAINS PLEASE COMPLETE ONE SECTION ONLY:- (A), (B) OR (C)

(A) GARDEN OF REMEMBRANCE at HEREFORD CREMATORIUM in an unmarked location

Unless otherwise requested the remains will be interred by 9.00 a.m. two days AFTER the cremation has taken place.

Unattended By appointment Time: Date:
(Contact Crematorium Office to make appointment)

Please note:- The Garden of Remembrance is a shared place of rest and the placing of plants, crosses, vases or other forms of unauthorised memorial cannot be permitted. Any such items may be removed without notice.

(B) MILLENNIUM GARDEN OF MEMORY at HEREFORD CREMATORIUM

Sanctum 2000 Sanctum 2 Vase Block

Contact Crematorium Office to make an appointment and for an application form to be sent to the family. Once completed this will enable us to proceed with arranging the memorial inscription and put into place the lease period.

Please note:- The Millennium Garden of Memory is a shared place of rest and the placing of plants, crosses, vases or other forms of unauthorised memorial cannot be permitted. Any such items may be removed without notice.

(C) REMAINS TO BE COLLECTED BY FUNERAL DIRECTOR / REPRESENTATIVE

Desired Location if known

The Applicant for Cremation, or their chosen representative, may collect the remains from the Crematorium Office. PROOF OF IDENTITY will be requested before the remains are released together with a letter of instruction from the Funeral Director.

2) ENVIRONMENTAL POLICY

All metals remaining following cremation will be disposed of in the most suitable manner to reduce the impact on our environment. This will include the sensitive recycling of metals to avoid the use of non-renewable resources and comply with existing legislation. 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 with the cremated remains.

3) MEMORIAL INFORMATION

There are various forms of memorials available in memory of the deceased. Information regarding these memorial options are normally sent to the applicant TWO WEEKS after the date of cremation. If you do not wish to receive this information, please indicate by ticking the box.

4) USE OF PROJECTOR SCREENS IN THE CREMATORIUM CHAPEL

It is now possible to have photographs or video clips projected onto the chapel wall during the service.

Projector Screens Required - YES NO
Media needs to be supplied on CD/DVD/Memory Card or Memory Stick at least 24 hrs before the day of the service.

I have read and understood sections 1, 2, 3 and 4 of this form and I AGREE to the disposal of the remains of the deceased in the manner indicated above

(Please Print) Mr / Mrs / Miss / Ms

.....Post Code

Date: Signed:

Please state your relationship to the deceased:

SIGNATURE OF APPLICANT APPLYING FOR CREMATION AND ADDRESS

The Herefordshire Council will comply with all legislative requirements concerning the use of personal information. It will respect the rights of those persons about whom it holds information. Where those rights are in conflict with the rights of others, it will ensure that a proper balance is struck between the competing rights according to the law.