

### *Deceased's details*

Full name of deceased: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Place of Death: \_\_\_\_\_

Date of Medical Referee's permission or other authority: \_\_\_\_\_

Date of Cremation: \_\_\_\_\_

Method of disposal of ashes: \_\_\_\_\_

### *Collection* (All ashes must be collected within 14 days of cremation)

Full name of person receiving ashes: \_\_\_\_\_

Signature of person receiving ashes: \_\_\_\_\_

Date: \_\_\_\_\_

#### **Collected by:**

Relative; state relationship \_\_\_\_\_ Form of Photo ID \_\_\_\_\_

Funeral Director

### *For office use only*

The above deceased body was cremated by me in accordance with the instructions given herein and in accordance with The Cremations Regulations 1973 on this date:

Signed  
(Sexton): \_\_\_\_\_

Date: \_\_\_\_\_ Consecutive Cremation No.: \_\_\_\_\_