



Application for Cremation:

1. The application must be lodged to Norwood Park Crematorium & Memorial Park before a cremation has taken place.
2. All questions must be answered fully.
3. All information is confidential (Privacy policy available on the website)

This order must be signed by the person making the application for cremation. The applicant is the only person legally authorised to make arrangements for the collection of the ashes.

Cremation Details

Date:	Time:	am/pm	Direct:	<input type="checkbox"/>	Service:	<input type="checkbox"/>	Booking No:
Funeral Director:							

APPLICATION FOR CREMATION (to be filled out by applicant)

Deceased Details

Surname:		Other Names:	
Address:		Postcode:	
Gender:		Marital Status:	
Date of Birth:		Date of Death:	

Applicant Details

Surname:		Other Names:	
Address:		Postcode:	
Contact No:		Relationship to deceased:	
Email:			

I confirm the following details:

I am the nearest living relative or executor of the deceased.

OR

I am not the nearest living relative or executor and am making the application because:

Please provide details :

I am aware that the deceased may not be cremated on the day of the service at the crematorium.

To the best of my knowledge the answers given to the following questions set out are true and correct:

1. Did the deceased leave written directions as to the mode of disposal of their remains?

YES

NO

Please provide details :

2. Have the nearest living relatives of the deceased been informed of the proposed cremation?

YES

NO

Please provide details:



3. Have any nearest living relatives of the deceased objected to the proposed cremation?

YES

NO

Please provide details:

4. a. Did the deceased have any battery powered device attached to or present in the body?

YES

NO

If yes, please provide details:

b. Was the battery powered device removed? *(if device is present, crematory authorities may decline to cremate the deceased as battery powered devices may explode during cremation)*

YES

NO

Applicant Signature

Signature of Applicant:		Date:	
Signature of Witness:		Date:	
Name of Witness: <i>(In Block Letters)</i>			

Cremated remains may be collected by the applicant **48 hours after cremation**.
Please note that **24 hours notice is required** before collection.

Please note that Norwood Park cares for the ashes for 12 months from the date of cremation, then a holding fee applies.

Funeral Directors Declaration

I confirm the following details:

- I have verified that the remains submitted for cremation are those of the above mentioned deceased
- I have provided the application for cremation (completed in full)
- I have provided the Medical Certificate Cause of Death/ or Coroner's Certificate
- I have provided the Certificate of Medical Referee *(Not needed with Coroner's Certificate)*

OR

- If foetal remains, a signed statement by nurse, doctor or midwife stating that there is no reason why the remains should not be cremated

Signature:	
Date:	
Name:	
Company:	