

# MORTLAKE CREMATORIUM BOARD

## Ashes Instructions Form

<b>This form must be signed by the Cremation Applicant</b>	Date of Funeral:	Time:	Cremation Ref:

**Full Name of the Deceased:** \_\_\_\_\_

**Address:** \_\_\_\_\_

### Please tick one of the options

#### Collection

I would like my Funeral Director to collect the ashes

I will collect the ashes

I would like the following named person to collect the ashes and they will bring identification for example a passport

\_\_\_\_\_

I will provide an urn or casket

I require an overseas certificate

I require a bio box

I require a Bio box with bag

#### Hold Safely Pending Final Instructions

I would like the ashes to be **held by the Crematorium** until I make my final decision. After the first month, I understand that there will be a fee for this service.

#### Gardens of Remembrance

I would like the ashes to be scattered in the Gardens of Remembrance on the next working day after the funeral and **I do not wish to be present.** \*

I would like the ashes to be scattered in the Gardens of Remembrance and I will contact the crematorium to make an appointment \*

\* I would like the ashes to be scattered in the same area as:

Full name of previous deceased.....

Date of Death ..... Location if known .....

Full Name of Applicant: \_\_\_\_\_

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

<b>This section to be filled in at the time the ashes are collected:</b>	
Name in Full: _____ (FD Name) _____	
Signed: _____	Date: _____

#### Office use only

Checked	Released	AL	BACAS
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