

# Ashes Instructions – Mortlake Crematorium

<b>Day &amp; Date of funeral:</b>	<b>Time</b>
<b>Full Name of Deceased:</b>	
<b>Funeral Director &amp; Branch:</b>	

<b>Office use only</b>
<b>Cremation Ref:</b>
<b>Checked:</b>
<b>Released:</b>
<b>Location:</b>
<b>BACAS:</b>

I would like my Funeral Director to collect the ashes

I will collect the ashes within 2 weeks of the cremation

Number of overseas certificates required

The following named person will collect the ashes & they will bring identification i.e. a passport

\_\_\_\_\_ Tel No: \_\_\_\_\_

Mortlake Crematorium is part of a National Scheme with other Cremation Authorities that has any metal residues resulting from cremation collected and recycled. The monetary proceeds are given to a local death related charity. If you would like any metals returned to you please tick the box.

## Scattering of Ashes

I would like the ashes scattered in the same area as:

Name of deceased \_\_\_\_\_ Date of Death \_\_\_\_\_

**I do not wish to be present** when the ashes are scattered one week after the funeral

**I would like to be present** when the ashes are scattered and understand that an appointment needs to be made within a month of the funeral service. The Crematorium will call you to let you know when the ashes are ready.

## Cremation applicant to sign to confirm instructions:

Name in Full: \_\_\_\_\_

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

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

## This section to be filled in at the time the ashes are collected:

Name in Full: \_\_\_\_\_ (Funeral Director) \_\_\_\_\_

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

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