

Application for cremation of the body of a person who has died

This form can only be completed by a person who is at least 16 years of age. Please complete this form in full, if a part does not apply enter 'N/A'.



Cremation 1
replacing Form A

01.09



Part 1 Details of the crematorium

Name of crematorium where cremation will take place

WORTHING CREMATORIUM

Name of funeral director

Telephone number

Part 2 Your details (the applicant)

Your full name

Address

Email

Phone

Mobile

Part 3 Details of the person who has died

Full Name

Address

Occupation or last occupation if retired or not in work at date of death

Age at date of death

Sex

Male

Female

Status

married/civil partnership

widow/widower/surviving civil partner

Single



Part 4 The application

Yes No

1. Are you a near relative or an executor of the person who has died?

Near relative means the widow, widower or surviving civil partner of the person who has died, or a parent or child of the person who has died, or any other relative usually residing with the person who has died.

If No, please give the nature of your relationship and explain why you are making the application rather than a near relative or an executor.

2. Is there any near relative(s) or executor(s) who has not been informed of the proposed cremation?

Yes No

If Yes, please give the name(s) and the reason(s) why they have not been contacted.

3. Has any near relative or executor expressed any objection to the proposed cremation?

Yes No

If Yes, please give details.

4. What was the date and time of death of the person who has died?

Date

/ /

Time

5. Please give the address where the person died.

Address

Please state whether it was the residence of the person who has died or a hotel, hospital, or nursing home etc.

Their home

Hospital

Other (please specify)

Hotel

Nursing home

6. Do you know or suspect that the death of the person who has died was violent or unnatural? Yes No

7. Do you consider that there should be any further examination of the remains of the person who has died? Yes No

If you have answered Yes to questions 6 or 7, please give reasons below.

8. What is the name, address and telephone number of the usual doctor of the person who has died?

Doctor's name

Address

Email

Phone

Mobile

9. Please give the name, address and telephone number of the doctor(s) who attended the person who has died during their last illness.

Doctor's name

Address

Email

Phone

Mobile

Environmental Policies

Worthing Crematorium follows guidelines set down by both the Institute of Cemetery & Crematorium Management (ICCM) and the Federation of Burial and Cremation Authorities (FBCA).

Most cremations take place within 24 hours of the funeral service but will be completed within 72 hours of being received at the crematorium in line with the FBCA code of cremation practice.

All metal residues which survive the cremation process are recycled. Recycling of these materials helps to reduce the impact on our environment, avoids the use of non-renewable resources and complies with legislation. The metals recovered are recycled through a national scheme with any profits donated to UK bereavement related charities. Please see the Recycling of metals following cremation leaflet for more information.

Should you wish to dispose of the metals in any other way then please tick the box and advise your funeral arranger to contact our office. This must be before the day of the cremation.

Further information on the processes and guidelines mentioned above are available from your funeral director or online at www.worthingcrem.co.uk

Data Protection Act 1998

The information provided on this form will be held on file in accordance with Cremation (England & Wales) Regulation 2008 and under the Data Protection Act 1998. Adur District & Worthing Borough Councils environmental and customer services departments information for the management of the Crematorium.

We may use the information to send you important notices, such as communications about memorial purchases and changes to our terms, conditions and policies but we will never disclose your details to any third parties.

If you do not wish to receive any such information please tick the box below to **OPT OUT**

Contracts (Rights of Third Parties) Act 1999

No provision of this authorisation is enforceable by any person who is not a signatory to it.

Part 5 Inspection of certificates

You are entitled to inspect the certificates (if any) given by doctors under regulation 16(c)(i) of the Cremation Regulations 2008 (forms Cremation 4 and Cremation 5). If you do not wish to inspect any such certificates yourself you may nominate another person to inspect them instead of you.

Such certificates will only be available for inspection at the offices of the cremation authority for **48 hours** from the time that the cremation authority notifies you, or the person you have nominated, that the certificates are available to be inspected. You may take someone with you when you attend to inspect the certificates.

If you, or the person nominated by you, do not attend to inspect the certificates at the time agreed with the cremation authority, the cremation may then proceed.

Please state if you would like to inspect the certificates given by the doctors or whether you would like to nominate someone else to do so instead and give a contact telephone number.

If certificates are given by medical practitioners:

I do not wish to inspect the certificates'

I would like to inspect the certificates and

my contact telephone number is

my email address is

I nominate

to inspect the certificates and their
contact telephone number is

Email address is:

Part 6 Statement of truth

I apply for the body of the person who has died to be cremated and I certify that I am at least 16 years of age. I believe that the facts given in this application are true. I am aware that it is an offence to willfully make a false statement with a view to obtaining the cremation of any human remains.

I have clearly indicated what to do with the cremated remains.

Print your full name

Signed

Dated

 / /