Cremation 1 replacing Form A

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

Worthing Crematorium

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'.

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				
	Establish and the second secon				
	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				
	Manie a civil partiters in partiters wildow/wildower/surviving civil partiter				

Part 4	The application					
1.	Are you a near relative or an executor of the person who has died? Yes No					
	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?					
	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?					
	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					

was violent or unnatu	ral?		son who has died	Yes	_
Do you consider that t remains of the person		any further e	examination of the	Yes	No
f you have answered Yes t	o questions 6 or 7,	please give rea	sons below.		
What is the name, add has died? Doctor's name	dress and teleph	one number	of the usual doctor	r of the pers	son who
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Address					
Email					
Phone			Mobile		
Please give the name, person who has died o Doctor's name			ber of the doctor(s)	who attend	ded the
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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. Any profit derived from the recycling scheme is donated to UK bereavement related charities.

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

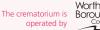
Data Protection Act 1998

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.

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	t wish to inspect the	e certificates'					
I would like to inspect the certificates and							
my contact t	elephone number is						
	my email address is						
I nominate							
	ct the certificates and ntact telephone num						
	Email addre	ess is:					
Statemen	t of truth						
I apply for the	body of the person v	who has died to be cremated and I certify that I am at least 16 years of age.					
		application are true. I am aware that it is an offence to wilfully make taining the cremation of any human remains.					
I have clearly indicated what to do with the cremated remains.							
Print your full	name						
Signed		Dated					