

Horsham Road, Findon, West Sussex, BN14 0RG **E-mail:** crematorium@worthing.gov.uk T: 01903 872678 F: 01903 872051

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

Cremation I replacing Cremation I issued 2018

10.17

This form must 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 I Details of the crematorium

Name of crematorium where cremation will take place

Name of funeral director

Telephone number

E-mail

Full name of the deceased person

The information provided on this form is a legal requirement under the Cremation (England and Wales).

Regulations 2008 and will be processed in line with Data Protection legislation. The data will be held by the cremation authority that is carrying out the cremation. It will be held securely, in confidence and processed solely for the purpose of carrying out the cremation and the handling of ashes. You have the right to know what data is held about you and you can, by contacting the cremation authority in writing, receive a copy of that data. The cremation authority is obliged to include in their privacy notice how the information will be held, for how long and how you may make a complaint to the Information Commissioner's Office.

I confirm that all relevant documentation has been provided to the crematorium.

A list of relevant documentation can be found in the guidance at the link below.

https://www.gov.uk/government/collections/cremation-forms-and-guidance

Part 2 Your details (the applicant)

E-mail	
f the person who has died?	
ne person who has died, or	Near relat Yes Executor
	Yes [
o has not been informed of the	Yes [
s) why they have not been contacted.	
sed any objection to the proposed	Yes [
	f the person who has died? Inviving civil partner of the ne person who has died, or son who has died. Recutor, please give the nature haking the application rather to has not been informed of the s) why they have not been contacted.

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Part 3 Details of the person who has died

L	
Address	
Postcode	
Occupation or last occ	upation if retired or not in work at date of death
Age at date of death	Sex
	Male Female
Status	
Status] married/civil partne	ership 🗌 widow/widower/surviving civil partner 🔲 single
married/civil partne	owledge, what was the date and time of death of the person who has died?
To the best of your kno	
To the best of your kno	owledge, what was the date and time of death of the person who has died?
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married/civil partne	owledge, what was the date and time of death of the person who has died? Time

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Please give the name, address, e-mail address and telephone number of the medical practitioner(s) who attended the deceased person.

Address		Telephone number	
		E-mail	
Postcode			
the body is	plant placed in the body which may cremated (e.g. a pacemaker, radioa ary nailing system)?		Yes Don't k

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If you have answered No or Don't know to question 5, please give details of the device and its location.

Part 4 Disposal of ashes

The term "ashes" means all the material left in the cremator after cremation, and following the removal of any metal, and any subsequent grinding or other process which is applied to the material.

Applicant's instructions for ashes

Local practices regarding ashes vary and your funeral director or cremation authority will be able to advise you about these.

Please then tick the relevant box to confirm whether you have chosen Option 1, 2 or 3 below for the ashes following this cremation and provide further details in the relevant free text box.

If you choose Option 1 or 2 you may alter your choice, confirmed in writing with your signature, before the cremation authority has made arrangements to implement your chosen option, so please advise your funeral director or the crematorium as soon as possible if you change your mind.

Option 1: Ashes to be scattered / interred / otherwise dealt with by the crematorium

Please give further details of your wishes here, from the options offered by the crematorium, for instance where the ashes should be scattered / placed and when; and whether you wish this to be witnessed or unwitnessed.

Option 2: Ashes to be collected from the crematorium

Please give further details of your wishes here, such as who will collect the ashes (for instance you and I or another family member, the funeral director, or another specified person); and by which date, if known. The person collecting the ashes should bring a form of identification.

Option 3: Ashes to be held awaiting your decision

Please give further details of your wishes here, for instance where and for how long the ashes should be held awaiting your decision.

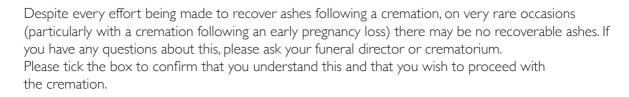
When you have later made a decision, please confirm this, in writing with your signature, to your funeral director or crematorium.

Disposal of metals

Should you wish to dispose of the metals in any other way then please indicate by ticking the box and metals will be returned to you within the cremated remains or separately from them. See guidance for more details.

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Part 5 Recovery of ashes



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 wilfully make a false statement with a view to obtaining the cremation of any human remains.

Print your full name

Signed	Dated

PRINT SAVE