

FORM A.

Application for Cremation

I. *(Name of applicant)*.....

(Address).....

(Occupation).....

apply to the *(here insert the name and address of the Cremation Authority)*

to undertake the cremation of the remains of

(Name of deceased).....

(Address).....

(Occupation).....

(Age)..... *(Sex)*.....

(Whether married, civil partner, widow, widower, surviving civil partner, neither married nor in a civil partnership).....

The true answers to the questions set out below are as follows:-

1. Are you an executor or the nearest relative of the deceased?

.....

(Answer "**Executor**" or **nearest surviving relative**" if either)

2. If not, state

(a) Your relationship to the deceased.....

(b) The reason why the application is made by you and not by an executor or any nearer relative.

.....

3. Have the near relatives* of the deceased been informed of the proposed cremation?

* The term "near relative" as here used includes widow or widower, parents, children above the age of 16, and any other relative usually residing with the deceased.

.....

4. Has any near relative of the deceased expressed any objection to the proposed cremation? If so, on what grounds?

.....

5. What was the date and hour of the death of the deceased?
.....
6. What was the place where deceased died? (Give address and say whether own residence, lodgings, hotel, hospital, nursing home, &c.)
.....
7. Do you know, or have you any reason to suspect, that the death of the deceased was due, directly or indirectly, to: (a) violence; (b) poison; (c) privation or neglect?
.....
8. Do you know, or have any reason to suspect, that the death of the deceased occurred while under an anaesthetic?.....
9. Do you know any reason whatever for supposing that an examination of the remains of the deceased may be desirable?.....
10. Give name and address of the ordinary medical attendant of the deceased
.....
11. Give names and addresses of the medical practitioners who attended deceased during last illness.....

Hazards

To the best of my knowledge and belief:

1. Does the body of the deceased pose a risk to public health: for example, did the deceased have a notifiable infectious disease or was their body “contaminated”, immediately before death?	Yes/No
2. Is there a cardiac pacemaker or any other potentially explosive device currently present in the deceased?	Yes/No
3. Is there radioactive material or other hazardous implant currently present in the deceased?	Yes/No

The hazard questions above (no. 1-3) must be completed. If answered yes, the applicant should specifically outline any known disposal hazards or reasons that the body cannot be cremated.

I declare that to the best of my knowledge and belief the information given in this application is correct and no material particular has been omitted.

Date (Signature of applicant).....

The applicant is known to me and I have no reason to doubt the truth of any of the information furnished by the applicant.

Date (Signature).....

(Capacity in which signatory has signed)

(Address)