



Statutory cremation form 1 to be used in place of form **A** for cremations taking place from 1<sup>st</sup> January 2009.

Any questions regarding the completion of these forms should be addressed to:

The Registrars  
Cardiff Crematorium  
Thornhill Road  
Llanishen  
Cardiff  
CF14 9UA

Tel: 029 2062 3294  
Fax: 029 2069 2904

Email: [thornhillreception@cardiff.gov.uk](mailto:thornhillreception@cardiff.gov.uk)

[www.cardiff.gov.uk/bereavement](http://www.cardiff.gov.uk/bereavement)



# 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'.

## Part 1 Details of the crematorium

Name of crematorium where cremation will take place

Name of funeral director

Telephone number

## Part 2 Your details (the applicant)

Your full name

Address

  

Telephone number

## 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

continued over the page 

## Part 3 continued

Age at date of death

Sex

Male  Female

Status

married/civil partnership  widow/widower/surviving civil partner  Single

## 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?  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

continued over the page 

Part 4 continued

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

Telephone number

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Part 4 continued

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

  
 

Telephone number

Doctor's name

Address

  
 

Telephone number

10. Was any implant placed in the body which may become hazardous when the body is cremated (e.g. a pacemaker, radioactive device or "Fexion" intramedullary nailing system)?

Yes     No

I don't know

Implants may damage cremation equipment if not removed from the body of the deceased before cremation and some radioactive treatments may endanger the health of crematorium staff.

If Yes, please give details and state whether it has been removed.

## 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.

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If certificates are given by medical practitioners:-

I would like to inspect the certificates and

my contact telephone number is

I nominate

to inspect the certificates and their  
contact telephone number is

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## 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

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