

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

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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

Email

Postcode

## Part 3: Details of the person who has died

Full name

Address

Postcode

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

Regulation 16(1)(a) of the Cremation (England and Wales) Regulations 2008

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 (hh:mm)

**5. Please give the address where the person died.**

Address

Postcode

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

Postcode

**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

Postcode

Doctor's name

Address

Telephone number

Postcode

10. **Was any implant placed in the body which may become hazardous when the body is cremated (e.g. a pacemaker, radioactive device, battery powered device or “Fixion” 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(1)(c)(i) of the Cremation (England and Wales) 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 would like to inspect the certificates and my contact telephone number is**

**I nominate**

to inspect the certificates and their contact telephone number is

## **Part 6: 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.

### **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 / 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.

## **Part 7: Recovery of ashes**

Despite every effort being made to recover ashes following a cremation, on very rare occasions (particularly with a cremation of stillborn children) there may be no recoverable ashes. If you have any questions about this, please ask your funeral director or crematorium.

Please tick the box below to confirm that you understand this and that you wish to proceed with the cremation.

**I understand and I wish to proceed with the cremation**

## **Part 8: 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**

**Date**