



## APPLICATION FOR CREMATION OF BODY PARTS

**Body parts means material consisting of, or including, human cells from a deceased person or stillborn baby. 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'. If your application is about a stillborn baby, replace the words 'person who has died' throughout this form with the words 'stillborn baby'.

### 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

  

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Telephone number

Email

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

In the case of a stillborn baby who has not been given a name, in place of the name and address insert a description sufficient to identify the baby.

Full name

Address

  

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## 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, or a parent of a stillborn baby.

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.

Part 4 continued

4. What was the date and place of the death or stillbirth?

Date

		/			/				
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Address


5. Please give the name and address of the cemetery, churchyard or crematorium where the body of the person who has died was buried or cremated.

Name of cemetery, churchyard or crematorium

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Address


6. Please give the date that the burial or cremation took place.

Date

		/			/				
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7. Please state whether the body parts were removed from the body of the person who has died at a:

Coroner's post-mortem examination

Hospital post-mortem examination

Other (please specify)

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## Part 4 continued

8. Do you consider that there should be any further examination of the remains of the person who has died?  Yes  No

Yes, please give reasons below.

## Part 5 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.

## Part 5 continued

### 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 6 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.

## Part 7 Statement of truth

I apply for the following body parts of the person who has died to be cremated and I certify that I am at least 16 years of age.

Specify body parts to be cremated.

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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