



AFFORDABLE FAMILY FUNERALS

AUTHORISATION FOR DEALING WITH ASHES

This completed form is to be submitted to the officer in charge of the crematorium together with the documents required under the Cremations Act 2003.

To: _____
(name of crematorium operation)

I, _____ am the applicant named in
(full name)

Form 1 of the Cremations Act 2003 "Application for Permission to Cremate" for

(full name of deceased person)

I direct that the ashes of the above named person be:

CREMATION CERTIFICATE REQ.


(Tick one box only)

- Collected by the applicant named above to be contacted on details noted below
- Taken by _____
- Held at the crematorium pending further advice by the applicant
- Placed in a pre-arranged site at the crematorium
- ** Collected by the Funeral Director of _____
- Disposed of at the crematorium
- Other: _____

Address for further contact in relation to ashes;

Name: _____
Address: _____
Phone: _____

Signature of person: _____ Date of authorisation: _____

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**** Funeral Director's Use Only ****
Funeral Directors Reference Number _____

** Once ashes are collected by Funeral Director, the following instructions apply;

Date Action to be completed by _____