

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



PLYMOUTH  
CEMETERIES &  
CREMATORIUM  
THE PARK | WESTON MILL  
EFFORD | LONGCAUSE | RIDGE CROSS



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

## 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

## 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

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.

<input type="checkbox"/> Their home	<input type="checkbox"/> Hospital	<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> Hotel	<input type="checkbox"/> Nursing home	<input type="text"/>

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


--



## 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.

## Part 6 continued

### 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.

## 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

Dated

		/			/				
--	--	---	--	--	---	--	--	--	--