



# Cremation Service Details

Cremation Number

## General Details

Deceased Name:

Date of service:

Time of service:

Type of service (Please tick box)  
Full service ☐ Committal ☐

Funeral director:

Funeral director address:

Telephone number:

Applicants name:

Relationship to the deceased

Applicants telephone numbers:  
Home: Mobile:

## Service Details

Celebrant:

Faith or belief:

Date of service:

Time of service:

Type of service (Please tick box)  
Full service ☐ Committal ☐

Order of service sheets

Number of rows needed (8 chairs per row)

Committal instructions and any other instructions or requirements:

All metal residues will be recycled and the proceeds will be donated to local charities.  
If you would prefer instead to reclaim these residues personally please tick this box. ☐

As the applicant for the cremation of the above named deceased I confirm that I have completed the instructions for the ashes on the accompanying 'Cremation1' application and that I have read and understood the contents of this form.

Applicant signature:

Date:

**Privacy Statement:** We use this information on this form to fulfil our contractual obligation with you, to administer the cremation, and so that we can meet our legal obligations. We do not use your personal data for any other purpose, nor do we pass it on to a third party.