

BODY ORGAN CREMATION FORM

Deceased Details

Name of Deceased whose body organ(s) is to be cremated

Address

Place of Death

Age Sex Religion Date of Death

Married Single Separated Divorced Civil Partner Widow/er

Please state the name the cemetery or crematorium where the full remains of the deceased was buried or cremated

.....

Cremation to take place: Day Date

Is a Funeral Director organising this cremation? Yes/No If so, what is the name of the Funeral Director

..... Phone No

Applicant Details

Name of Applicant Phone No

Address

(1) Are you the executor or the nearest surviving relative (NSR) of the deceased? Please state which

(2) If you are the NSR, please state your relationship to the deceased?

(3) If your answer to 1 is "No":

(a) Your relationship to the deceased

(b) The reasons why this application is made by you and not the executor or NSR

(c) Has the NSR of the deceased been informed of the proposed cremation?

Mode of Disposal Details

(1) Small metal urn for scattering Yes No

(2) Supplied urn Yes No

Ashes are available for collection 4 working days after the organ(s) have been received by Shannon Crematorium

Hospital Documentation

(1) Hospital patient number

(2) Hospital post mortem / autopsy number

(3) Hospital medical record number

(4) NB!! Please attach letter of clearance to cremate organ(s) from hospital pathologist / mortuary

I declare that to the best of my knowledge and belief that the above information given is true and correct.

Date Signature of Applicant