

Notice of Cremation

No:

Distington Hall Crematorium, Distington, Workington, Cumbria, CA14 4QY

Tel: 01946 830561 Fax: 01946 830023

All forms should be completed and returned to the Crematorium office no later than **two working days** prior to cremation service

For Cremation on:-	Day:	Date:	Time:
Name of Deceased		Age:	Sex:
Permanent Address			
Date and Place of Death	Died / /	At:	
Details of Service	Full / Committal / Extended / Chapel Only	Celebrant:	Rel:

AUTHORITY FOR DISPOSAL OF REMAINS

I am the APPLICANT for the cremation and hereby authorise the Crematorium Superintendent to dispose of the remains as indicated below. I understand that if instructions have not been received within **ONE MONTH** after the cremation they will be strewn in the Crematorium grounds. The Crematorium grounds are the final resting place for remains that are strewn.

ENVIRONMENTAL POLICY

In the interests of the environment the Distington Hall Crematorium, Management and Employees abide by the Guiding Principles of Cremation of the Institute of Cemetery and Crematorium Management (ICCM). Cremation is normally completed on the day of the funeral, when environmental considerations dictate the cremation may be delayed. No cremation will be delayed more than 72 hours.

All metals remaining following cremation will be disposed of in the most suitable manner to reduce the impact on our environment. This will include the sensitive recycling of metals to avoid the use of non-renewable resources and comply with existing legislation. Should you wish to dispose of the metals in any other way then please indicate by ticking the box and metals will be returned to you within the cremated remains or separately from them.

Please tick appropriate box

STREWN IN CREMATORIUM GROUNDS

With:.....

By appointment:

RETAIN PENDING INSTRUCTIONS

REMOVE BY REPRESENTATIVE

If same day, service must take place at 11.15 a.m. or before.

POST TO (name & address)

.....
.....

URN OR CASK REQUIRED. Type:

CERTIFICATE OF CREMATION REQUIRED

CHAPEL OF REST: From:..... To:.....

DONATION BOX REQUIRED

Charity:.....

We will send information about remembrance services and memorial options at the Crematorium. If this is not required please tick the box. (We will not share your information with anyone else.)

Signed: Applicant for Cremation

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Music Entering: <input type="checkbox"/> CD or <input type="checkbox"/> Organ Other:..... During: <input type="checkbox"/> CD or <input type="checkbox"/> Organ Other:	FOR OFFICE USE ONLY		
		Cremation (resident / non-resident)	
		Extended Services / Chapel Fee	
		Medical Referee's Fee	
		Urn or Casket	
		Certificate of Cremation	
Funeral Director: Name:.....		Postage / Strewing Fee	
		Chapel of Rest	
		Receipt No.	
		Total	