

Jadu reference number:

Cremation number:

## CREMATION INSTRUCTION FORM

Day:	Date: / /	Time (including am or pm):
Surname of the Deceased:	Forenames of the Deceased:	Title (Miss/Mrs/Ms/Mr/other):
Date of Birth: / /	Date of Death: / /	Age:
Sex (tick as appropriate): <input type="checkbox"/> Male <input type="checkbox"/> Female	Religious Denomination:	
Home address of the Deceased (including postcode):		

### SERVICE INSTRUCTIONS

Tick as appropriate:

<input type="checkbox"/> Full Service	<input type="checkbox"/> Committal	<input type="checkbox"/> No Service/Direct	<input type="checkbox"/> Double Time	<input type="checkbox"/> Witness Charge
<input type="checkbox"/> Horses	<input type="checkbox"/> Open Coffin	<input type="checkbox"/> Private Record (No details to be given to public and hidden from public viewing)		

Name of Officiant:	Name to appear on floral card/screen (if different from above):
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Any other requirements:

I am aware the cremation may not take place on the same day as the service but will normally be completed within 72 hours. If there are extenuating circumstances which means you will need the cremated remains earlier, **please tick**

Floral tributes will remain on display in the courtyard for a MAXIMUM of two days following the service, after which time they will be removed and disposed of.

Media website: [www.obitus.com](http://www.obitus.com)  
Please ensure orders are received by Obitus at least 3 days prior to the service for music requests and visual tributes.

### COFFIN MAXIMUM DIMENSIONS

MAXIMUM WIDTH: 41in / 104cm	MAXIMUM LENGTH: 86in / 220cm	MAXIMUM HEIGHT: 28in / 70cm
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Please tick if coffin width is over 36in / 90cm

### FUNERAL DIRECTOR

Company Name:	Arranger:
Address (including postcode):	
Telephone:	Email:

## RECYCLING OF METALS

All metals retrieved will be recycled, with proceeds distributed amongst selected charities.   
However, if you require these metals returned to you, **please tick**

## DECLARATION

As applicant for cremation of The Late: .....

I understand:

1. Arrangements can be made to witness the dispersal of cremated remains within our Gardens and are not contained in a casket or urn. A general location is recorded and may not be memorialised.
2. Arrangements can be made for ashes to be placed into a specific location or at a purchased memorial.
3. I can confirm I have indicated on Form 1 my wishes to dispose of the ashes and authorise the crematorium to carry out those wishes.
4. As the Applicant for the Cremation who has given instructions for the ashes on Statutory Form 1, I give my consent that if the Ashes are removed from the Crematorium by the Funeral Director on my behalf and I have not collected the said Ashes from them within a period of 12 months from the date of cremation, the Ashes can be returned by the Funeral Director to the Crematorium for scattering in one of our Gardens without attendance.
5. That the crematorium will hold my details for use in statutory registers and client database. All such details and any other information we hold about you will be held by us in accordance with our GDPR privacy policy.
6. I confirm the Crematorium will contact me if it is deemed necessary.
7. I confirm that whoever is authorised to collect the cremated remains from Oak Hill Crematorium will present a form of photo identification.

Signature:

Name (in BLOCK CAPITALS):

Telephone/Other Contact Details:

Relationship to Deceased:

Date:

/ /

## RECEIPT FOR CREMATED REMAINS

Received From: Oak Hill Crematorium

Signature:

Name (in BLOCK CAPITALS):

Collection by (tick as appropriate):

Funeral Director

Applicant

Authorised Person

Address (including postcode):

Date:

/ /

OFFICE USE ONLY

ID verified by (initials):

  
LAWN CEMETERY & CREMATORIUM



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HATFIELD**  
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