

Chesterfield & District Crematorium Chesterfield Road, Brimington, Chesterfield S43 1AU Tel: 01246 345888

Email: bereavement.services@chesterfield.gov.uk

Booking Ref	Cremation No
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PRELIMINARY APPLICATION FOR CREMATION

Please accurately complete this form in BLOCK CAPITALS and deliver to the Crematorium Office

at least 2 working days before the service.

Your booking is not confirmed until this is received

DETAILS OF THE DECEASED		
Name		
Address		
Age Male Female		
SERVICE DETAILS		
DayDate	Time	
Full Service (40 mins) Committal (20 mins) Extra 20 mins Extra 40 mins	Curtains Open Closed TBC on the day	
Minister's Name	Denomination	
Download Link DVD USB		
co.uk/. Webcasts and visual tributes should be requested u	e Wesley Media Client Portal; http://clientportal.wesleymedia. using the client portal, it is no longer necessary to contact the see finalised by 12 noon the day before the service, any alterations	
SPECIAL INSTRUCTIONS		
Donations	Coffin Size	
Advance delivery of coffin - Time	Date Private Service	
Large Attendance FD supplying casket	Outside Speakers Wheelchair	
Anything else		
CREMATED REMAINS *Applicant to confirm method	COLLECTED BY: Name	
To be collected by the: Funeral Director - sign*		
Applicant - name	sign*	
Other - name	sign*	
Strew in the Garden of Rest Pond Memorial	Placed in a Sanctum Strew in the Woodland Walk	
I wish to be present - sign*	Date/Time/Location (if known)	
I do not wish to be present - sign*	Location (if known)	

INSTRUCTIONS FOR FUNERAL DIRECTORS

DECLARATION TO BE SIGNED BY THE FUNERAL DIRECTOR:

District Joint Crematorium Committee regarding the construction and lining of the coffin containing the body of the deceased, and its fittings conform to the above requirements as detailed. **ENVIRONMENTAL POLICY** All metal remaining following cremation will be disposed of in the most suitable manner to reduce the impact upon the environment. This will include the sensitive recycling of metals to minimise 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 with the cremated remains. MEMORIAL INFORMATION The details in this form will be used for the purpose of providing the applicant with information about the crematoriums memorial options. If the applicant does not wish to receive such information, please tick the box. **ANNUAL EVENTS** The details in this form will also be used to inform the applicant about the crematoriums annual service of remembrance and open days. If the applicant wishes to be notified of such events, please tick the box. **APPLICANT DETAILS** I can confirm that all details contained on this form are correct and that I am the person who signed Form 1 (Application for Cremation). Sign......Date..... **FUNERAL DIRECTORS DETAILS** FOR OFFICE USE ONLY **FEES** £ ADDITIONAL FEES Name..... CREMATION Address..... MEDICAL REFEREE **ORGAN & ORGANIST STREWING** TRIBUTE SCREENS WEBCASTING **AUDIO CD** AUDIO VISUAL DVD Telephone..... ADVANCE DELIVERY **EXTRA CHAPEL TIME PALLBEARER** VAT @ 20% **TOTAL** FOR OFFICE USE ONLY **FORMS ON BACAS** DATE..... INITIAL.....DATE......DATE.....

I, the undersigned, can confirm that I have complied with the requirements set out in the regulations of the Chesterfield and