

Chesterfield & District Crematorium Chesterfield Road, Brimington, Chesterfield S43 1AU

Tel: 01246 345888

Email: [bereavement.services@chesterfield.gov.uk](mailto:bereavement.services@chesterfield.gov.uk)

Preliminary application

for cremation

|  |  |
| --- | --- |
| **Booking reference** | INSERT TEXT |
| **Cremation number** | INSERT TEXT |

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

|  |  |
| --- | --- |
| **Details required** | **Answer** |
| **Name** | INSERT TEXT |
| **Address** | INSERT TEXT |
| **Age** | INSERT TEXT |
| **Male or female** | INSERT TEXT |

# Service details

|  |  |
| --- | --- |
| **Details required** | **Answer** |
| **Day** | INSERT TEXT |
| **Date** | INSERT TEXT |
| **Time** | INSERT TEXT |
| **Full service (40 minutes)** | INSERT TEXT |
| **Committal (20 minutes)** | INSERT TEXT |
| **Extra 20 minutes** | INSERT TEXT |
| **Extra 40 minutes** | INSERT TEXT |
| **Curtains (let us know if you would like the curtains open, closed or whether you would like to decide on the day)** | INSERT TEXT |
| **Minister’s name** | INSERT TEXT |
| **Denomination** | INSERT TEXT |
| **Download link (answer YES or NO)** | INSERT TEXT |
| **DVD (answer YES or NO)** | INSERT TEXT |
| **USB (answer YES or NO)** | INSERT TEXT |

All recorded music requirements are to be submitted via the [Wesley Media Client Portal](https://clientportal.wesleymedia.co.uk/). Webcasts and visual tributes should be requested using the client portal, it is no longer necessary to contact the office to place an order on your behalf. Schedules should be finalised by 12 noon the day before the service, any alterations before this time can be made by the funeral director.

# Special instructions

|  |  |
| --- | --- |
| **Details required** | **Answer** |
| **Donations (answer YES or NO)** | INSERT TEXT |
| **Coffin size (answer YES or NO)** | INSERT TEXT |
| **Advance delivery of coffin (answer YES or NO and include time and date)** | INSERT TEXT |
| **Private service (answer YES or NO)** | INSERT TEXT |
| **Large attendance (answer YES or NO)** | INSERT TEXT |
| **Funeral director supplying casket (answer YES or NO)** | INSERT TEXT |
| **Outside speakers (answer YES or NO)** | INSERT TEXT |
| **Wheelchair (answer YES or NO)** | INSERT TEXT |
| **Anything else you would like to mention** | INSERT TEXT |

# Cremated remains (applicant to confirm method)

|  |  |  |
| --- | --- | --- |
| **Who will collect the cremated remains** | **Answer** | **Signature** |
| **Funeral director** | YES OR NO | ADD SIGNATURE |
| **Applicant** | YES OR NO | ADD SIGNATURE |
| **Other** | YES OR NO | ADD SIGNATURE |
| **Strew in the garden of rest** | YES OR NO | NOT APPLICABLE |
| **Pond memorial** | YES OR NO | NOT APPLICABLE |
| **Placed in a sanctum** | YES OR NO | NOT APPLICABLE |
| **Strew in the woodland walk** | YES OR NO | NOT APPLICABLE |
| **I wish to be present** | YES OR NO. Add date, time and location (if known) | ADD SIGNATURE |
| **I do not wish to be present** | YES OR NO. Add location (if known) | ADD SIGNATURE |

|  |  |  |
| --- | --- | --- |
| **The cremated remains were collected by** | **Signature** | **Date** |
| **ADD NAME** | ADD SIGNATURE | ADD DATE |

# Instructions for funeral directors

## Declaration to be signed by the funeral director

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

|  |  |
| --- | --- |
| **ADD SIGNATURE OF FUNERAL DIRECTOR** | **ADD DATE** |

## 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 answering YES in the box below, and metals will be returned to you with the cremated remains.

|  |  |
| --- | --- |
| **I wish to dispose of the metals in any other way (answer YES if applicable)** | INSERT TEXT |

## 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 answer YES in the box below.

|  |  |
| --- | --- |
| **I do not wish to receive such information (answer YES if applicable)** | INSERT TEXT |

## 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.

|  |  |
| --- | --- |
| **I wish to be notified of such events (answer YES if applicable)** | INSERT TEXT |

# Applicant details

|  |  |
| --- | --- |
| **Details required** | **Answer** |
| **Applicant name** | INSERT TEXT |
| **Applicant address** | INSERT TEXT |

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).

|  |  |
| --- | --- |
| **ADD SIGNATURE OF APPLICANT** | **ADD DATE** |

# Funeral director details

|  |  |
| --- | --- |
| **Details required** | **Answer** |
| **Funeral director name** | INSERT TEXT |
| **Funeral director address** | INSERT TEXT |
| **Funeral director telephone** | INSERT TEXT |
| **Date** | INSERT TEXT |

# For office use only

|  |  |  |
| --- | --- | --- |
| FEES  CREMATION MEDICAL REFEREE ORGAN & ORGANIST STREWING  TRIBUTE SCREENS WEBCASTING AUDIO CD  AUDIO VISUAL DVD ADVANCE DELIVERY EXTRA CHAPEL TIME PALLBEARER  VAT @ 20% | £ P | ADDITIONAL FEES |
| **TOTAL** | INSERT TEXT | NOT APPLICABLE |
| **DATE** | INSERT TEXT | NOT APPLICABLE |
| **RECEIPT NUMBER** | INSERT TEXT | NOT APPLICABLE |
| **On BACAS (answer YES or NO)** | INSERT TEXT | NOT APPLICABLE |

# Forms on BACAS (for office use only)

|  |  |
| --- | --- |
| **INITIAL** | INSERT TEXT |
| **DATE** | INSERT TEXT |

# Chesterfield Crematorium contact details

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Brimington,

Chesterfield,

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