

MORTLAKE CREMATORIUM BOARD

Ashes Instructions Form

Day & date of Funeral:	Time:	Mortlake Cremation Ref:
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Full Name of the Deceased:

Funeral Director & Branch:

Collection

<input type="checkbox"/>	I would like my Funeral Director to collect the ashes	<input type="checkbox"/>	I will collect the ashes within 2 weeks of the cremation
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<input type="checkbox"/>	Mortlake Crematorium is part of a National Scheme with other Cremation Authorities that has any metal residues resulting from cremation collected and recycled. The monetary proceeds are given to a local death related charity. If you would like any metals returned to you please tick the box.
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<input type="checkbox"/>	I would like the following named person to collect the ashes and they will bring identification for example a passport	Tel No: _____
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<input type="checkbox"/>	I will provide an urn or casket	<input type="checkbox"/>	I require an overseas certificate	<input type="checkbox"/>	I require a bio box	<input type="checkbox"/>	I require a Bio box with bag
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Gardens of Remembrance

<input type="checkbox"/>	I would like the ashes to be scattered in the Gardens of Remembrance. The ashes will be scattered one week after the funeral and I do not wish to be present. *
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<input type="checkbox"/>	I would like to be present at the scattering of the ashes in the Gardens of Remembrance and understand that this needs to be done within a month of the cremation. Please phone the Crematorium to make an appointment *
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* I would like the ashes to be scattered in the same area as:

Full name of previous deceased _____

Date of Death _____ Location Ref: _____

Full Name of Applicant: _____

Tel No: _____ Signed _____ Date: _____

This section to be filled in at the time the ashes are collected:

Name in Full: _____ (FD Name) _____

Signed: _____ Date: _____

Office use only

Checked	Released	BACAS	FILED
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