

**AUTHORISATION FOR DEALING WITH ASHES**

This completed form is to be submitted to the officer in charge of the crematorium together with the documents required under the Cremations Act 2003.

To: \_\_\_\_\_  
(name of crematorium operation)

I, \_\_\_\_\_ am the applicant named in  
(full name)

Form 1 of the Cremations Act 2003 "Application for Permission to Cremate" for

\_\_\_\_\_  
(full name of deceased person)

**I direct that the ashes of the above named person be:**

**CREMATION CERTIFICATE REQ.**

(Tick one box only)

- Collected by the applicant named above to be contacted on details noted below
- Taken by \_\_\_\_\_
- Held at the crematorium pending further advice by the applicant
- Placed in a pre-arranged site at the crematorium
- \*\* Collected by the Funeral Director of Elysian Fields Funerals
- Disposed of at the crematorium
- Other: \_\_\_\_\_

**Address for further contact in relation to ashes;**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature of person: \_\_\_\_\_ Date of authorisation: \_\_\_\_\_

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\*\* Funeral Director's Use Only \*\*

Funeral Directors Reference Number \_\_\_\_\_

\*\* Once ashes are collected by Funeral Director, the following instructions apply;

\_\_\_\_\_

\_\_\_\_\_

Date Action to be completed by \_\_\_\_\_