

Test Valley

CREMATORIUM

**THIS FORM MUST BE SUBMITTED TO THE REGISTRAR NO LATER THAN
9.30am 2 WORKING DAYS BEFORE CREMATION**

BOOKING REFERENCE NUMBER

CREMATION NUMBER

Ridge Lane, Romsey, SO51 6AB

Tel: 02380 817880 **Fax:** 02380 817889 **Email:** info@testvalleycrematorium.co.uk

INSTRUCTIONS FOR CREMATION

DATE AND TIME OF SERVICE:

DAY DATE at am/pm

DETAILS OF DECEASED

Surname Forenames Age

Date of Birth Religion

Home Address

..... Post Code

SERVICE ARRANGEMENTS

***Please notify the crematorium immediately if a Webcast or Visual Tribute is required**

TYPE OF SERVICE (c/e, civil etc) Name of Minister/Officiant

FULL SERVICE ☐

COMMITTAL ☐

NO SERVICE ☐

DOUBLE TIME ☐

*WEBCAST ☐

VIDEO RECORD ☐

AUDIO RECORD ☐

*VISUAL TRIBUTE ☐

CURTAINS ☐

VOILE ☐

CURTAINS / VOILE INSTRUCTIONS:-

STAY OPEN ☐

VOILE ONLY TO CLOSE ☐

BOTH TO CLOSE ☐

ESTIMATED ATTENDANCE

NOTE: An organ is available for the family to arrange an organist if desired

INSTRUCTIONS FOR MUSIC SYSTEM DETAILS

The music library is available at: <http://www.obitus.com/index.php?page=music-search>

Music, Hymns, Special requests (if known):

ENTRY: COMMITTAL:

DURING: EXIT:

DURING: OTHER:

NOTE: Some tracks may not be listed on the website and will need to be ordered 48 hours before the service.

Special orders may be placed on the website

Special order number

COFFIN DETAILS

Coffin Dimensions: W: L: D:

Please tick if the coffin is wider than 26" ☐

NOTE: Maximum coffin width is 38"

Is the coffin heavier than 22 stone or 140kg? YES ☐ NO ☐ If 'YES' please give coffin weight

TYPE: Traditional ☐

Wicker ☐

Other ☐

Funeral Director: Phone No:

Address:

V2019A

ENVIRONMENTAL MEASURES

a) FLORAL TRIBUTES (Tick appropriate box if required)

1. Used by the Crematorium ☐ 2. Removed by Funeral Director ☐ 3. Removed by relatives ☐

Floral tributes will remain on display for a minimum of two nights following the Funeral, after which time they will be removed at the discretion of the Cremation Authority for disposal, unless otherwise instructed.

b) DISPOSAL OF ORTHOPAEDIC IMPLANTS AND METAL RESIDUES

All metals retrieved will be recycled, with proceeds distributed amongst selected charities.

TICK only if you require residues returned to you. ☐

All cremations will be carried out in accordance with FBCA Code of Practice.

c) I am aware Cremation may not take place on the same day but that it will normally be completed within 24hrs of the service.

OUR SERVICES

a) Our services to you include our cremation services and associated services.

b) We would also like to contact you after the cremation service to give you the opportunity to share any comments on how we could improve our services and to provide you with information regarding additional services and assistance that we offer and believe may be of interest to you. Should you prefer, you may exercise your right to refuse use of your contact details for these purposes by emailing privacy@westerleighgroup.co.uk

DECLARATION

As applicant for cremation: of the late

I understand:

1. Arrangements can be made to witness the dispersal of cremated remains within the Gardens of Remembrance. Cremated remains dispersed in the Gardens of Remembrance are not contained in a casket or urn, a general location is recorded and may not be memorialised.
2. Arrangements can be made for the ashes to be placed into a specific location or at a memorial purchased.
3. I confirm I have indicated on Form 1 my wishes to dispose of the ashes and authorise the crematorium to contact me to re-confirm this instruction before the instruction is completed.
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 the Gardens of Remembrance 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 that we hold about you will be held by us in accordance with our privacy policy which is available at <https://www.westerleighgroup.co.uk/PrivacyNotice.pdf>

Signature Block Capitals

Telephone/Contact Details

Relationship to Deceased Date

RECEIPT FOR CREMATED REMAINS

RECEIVED from the Registrar, **TEST VALLEY CREMATORIUM**

The Cremated Remains of the late

Signature Block Capitals

Capacity: (Tick as appropriate) Funeral Director ☐ Applicant ☐ Authorised Person ☐

Address

..... Date