

Particulars Form

Cremation number

Weston-Super-Mare Crematorium & Cemetery Tel: 01934 510608

General details		
Funeral in the name of:		
Date of service:	Time of service:	Type of service: full service/committal
Funeral director:		
Funeral director address:		
Name of applicant:		
Telephone number: Home	Mobile	
Relationship to the deceased:	P	
Service details		
Person conducting the service:	Faith or belief (if app	olicable):
Service sheets:	Number of rows to be reserved:	
Instructions for committal (ie. curtains):		
Size of coffin (there may be a limit):		
Any special instructions or requirements:		
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All metal residues will be recycled by a non-profit to happen, and you wish to reclaim any metal residues.		be donated to charity. If you do not wish for this information please see www.apcandc.co.uk
I, the applicant for the cremation of the above nan Application Form (Cremation Form 1).	ned deceased can confirm that my instru	uctions for the ashes are in the accompanying
We understand that this is both a very difficult time your instructions and to offer any assistance your		e will contact you following the funeral to confirm
I can confirm that I have read and understand the	contents of this form.	
Applicant signature:		Date: