

Funeral Directors **Confirmatory Form**

Part 1: Service Details

Dublin Cemeteries Trust will not accept cremation forms from other crematoria

Glasnevin Crematorium

Newlands Cross Crematorium

Dardistown Crematorium

Please note that the cremation may take place in any of the Dublin Cemeteries Trust Crematoria

Cremation to take place: Day: _____ Date: _____ Time: _____

Extended Service Music: Supplied on USB Smartphone Laptop/Tablet Songlist Emailed

Webstream Y N

Any other requirements: _____

Cremation No: _____ Date: _____

Funeral Director: _____ Telephone No: _____

Address: _____

Email: _____

Disposal: Private Columbarium Wall Garden of Remembrance Other

If Private Urn Choice: Standard Urn Casket Brass urn Decorative metal urn Own urn

Note: If the ashes are being buried or scattered outside of any of Dublin Cemeteries Trust cemeteries, please indicate location

For cremations from outside the Republic of Ireland the following forms are required ONLY :
Form A, Form B, Coroners Certification for the removal of the body, and Death Certificate from the relevant jurisdiction
The Coroner for Dublin City and County MUST be informed and a Coroners Form D signed.

Part 2: Deceased Details

Name: _____

Address: _____

Date death: _____

Place of death: _____

The dimensions of the coffin in centimetres are: Length: _____ Width: _____ Depth: _____

Part 3: Coffin Details

Please note that handles on coffins for cremation serve no useful purpose and are unnecessary, if used they must be of combustible materials. If metal they must be removed before cremation.

Note: If coffin dimensions are greater than Length 7½ ft (228cms) Width 36" (91.44cms) Height 24" (61cms)
Please contact the crematorium to see if the coffin can be cremated.

Please confirm that you have read & adhere to Guidance document on coffin materials suitable for cremation.

Funeral Directors **Confirmatory Form**

Has the deceased been fitted with any of the following battery powered and other implants that could cause problems during cremation: **Please indicate either YES Or NO for each device listed (do not leave the box blank).**

- a) Pacemaker Y N
- b) Implantable Cardioverter Defibrillators (ICDs) Y N
- c) Cardiac resynchronization therapy devices (CRTDs) Y N
- d) Implantable loop recorders Y N
- e) Ventricular assist devices (VADs): Left ventricular assist devices (LVADs), Right ventricular assist devices (RVADs), or Biventricular assist devices BiVADs) Y N
- f) Implantable drug pumps including intrathecal pumps Y N
- g) Neurostimulators (including for pain & Functional Electrical Stimulation) Bone growth stimulators Y N
- h) Hydrocephalus programmable shunts Y N
- i) Fixion nails Y N
- j) Any other battery powered or pressurised implant Y N
- k) Radioactive implants Y N
- l) Radiopharmaceutical treatment (via injection) Y N
- Other prosthesis Y N

Please state _____

If the answer to Part 3 above is in the affirmative they must be removed

Please state by whom? _____

When: Date _____

Time _____

Cardboard coffins or coffins with pitch inside are not accepted for cremation.

Part 5: Declaration

As a data-processor acting on our behalf, once the cremation has been authorised by Dublin Cemeteries Crematoria and the cremation service completed, forms must not be retained and must be destroyed.

I hereby certify that I have complied with all the regulations laid down by Dublin Cemeteries Trust, and adhere to the above.

Name of Funeral Director: _____

Signature of Funeral Director: _____

Print Name: _____