

Application For **Cremation**

PART 1: Applicant Details

Please note the the cremation may take place in any of the Dublin Cemeteries Trust's Crematoria.

ALL QUESTIONS MUST BE ANSWERED

This form must be completed and signed by executor of the deceased or nearest surviving relative and witnessed by a third party. Applicant **MUST** be 16 years of age or older at the time of death to apply for cremation of an adult or child. There is no age restriction if the person making the applicant is the parent of the child who has died.

PLEASE PRINT IN BLACK PEN ONLY

Applicants Name: _____

Applicants Address: _____

Apply to Dublin Cemeteries Trust to undertake the cremation of

1. Are you an executor of the deceased? Y N

2. If answer to 1 is 'No'

(a) Has the nearest surviving relative been informed Y N

Relatives Name _____ Relationship to deceased _____

(b) Your relationship to the deceased. _____

(c) The reason why the application is made by you and not by an executor or nearest surviving relative.

PART 2: Deceased Details

Name: _____

Address: _____

Date of death: _____ Age: _____ Sex: _____ Religion: _____

Occupation: _____

Status: Married / Civil Partner Widow / Widower/Surviving Civil Partner Single

1. Do you know or have any reason to suspect that the death of the person who has died was violent or unnatural or was referred to a Coroner? Y N

2. Do you consider that there should be any further examination of the remains of the person who has died? Y N

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PART 3: Hazards

This section is used to record details of anything which might be a hazard during cremation - for example, certain implants or the presence of particular diseases. Certain hazards may need to be removed from the body before cremation can take place. Implants or devices may damage cremation equipment if not removed before cremation. Some radioactive treatments may endanger the health of the crematorium staff.

The presence of some hazards may delay or prevent cremation taking place. If you are in any doubt about this please discuss it with the funeral director or crematorium staff.

Are you aware if any of the following apply:

1. Does the body pose a risk to public health: for example did the deceased have a notifiable infectious disease or was their body contaminated immediately before death? Y N
2. Is there a cardiac pacemaker or any other potentially explosive device currently present in or on the body? Y N
Examples include: pacemaker, cardiac implant, drug pump, neuro-stimulator, shunt, battery powered implant, fixation nails used in treatment of bone fractures. Please discuss with the funeral director or cremation authority if you are unsure. Some Injections for cancer treatment contain radioactive material which may mean that the cremation has to be delayed for a period.
3. Is there radioactive material or other hazardous implant currently present in or on the body? Y N
 If you answered 'yes' to any question, please give details and state whether the device has been removed.

PART 4: Disposal of Ashes

This section is used to record what is to happen to the ashes after cremation. Options will vary at each crematorium. Please discuss with the funeral director the options available for ashes at your chosen crematorium or visit the crematorium's website. www.dctrust.ie/

Please tick preferred option.

- A. I or my representative will collect the ashes from the crematorium.**
 I understand that I must collect the ashes from crematorium within **4 weeks**
 Identification will be needed when the ashes are collected by me or by my representative
 (Name of representative _____)
- To view a selection of urns, please visit www.dctrust.ie
- B. I authorise the funeral director who arranged the cremation to collect the ashes on my behalf.**
- C. I instruct the crematorium to inter the ashes - please indicate preferred option.**
 Columbarium Wall Garden of Remembrance
 Family Grave in any of the Dublin Cemeteries Trust Cemeteries
 Family Cremation plot (Dardistown only)
 Grave Number: _____

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D. I wish to be present when the ashes are interred Y N

If option C the relevant crematorium will contact you to arrange a suitable time to attend the interment service, to agree on the inscription for the memorial and to discuss any further requirement that you may have. Please indicate that you consent to this. Y N

Name of person to be contacted: _____

Phone: _____ Email: _____

PART 5: Inspection of Certificates

Please state if you would like to inspect the cremation medical certificate (Form C) given by the doctor or whether you would like to nominate someone else to do so instead and give a contact telephone number. Y N

Person to be contacted. Name: _____

Contact Details : _____

PART 6: Applicant Declaration

This section requires you to declare that the information you have provided is, to the best of your knowledge, true, and that you are entitled to apply for this cremation.

You must declare that you understand the choice you have made about what is to happen to the ashes following the cremation.

Applicant's declaration

I declare that I have the legal right to apply for this cremation. To the best of my knowledge the information I have provided is true and accurate. I confirm that the options for what can happen with the ashes have been explained to me and that I fully understand the option that I have chosen.

Please tick to indicate that you are aware that the cremation may take place in any of Dublin Cemeteries Trust Crematoria.

Signature of applicant: _____

Witness Name: _____ Signature of Witness: _____

Date: _____

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I declare that I have discussed the options with the applicant and know no reason why the cremation cannot take place.

I also confirm that any battery powered and other implants if fitted, that can cause problems during cremation, have been removed.

Name of funeral director's representative: _____

Company name and address of funeral director: _____

Eircode: _____

Signature of funeral directors representative: _____

Date: (DD/MM/YYYY) _____