

Disposal Of **Cremated** Remains

PLEASE PRINT IN BLACK PEN ONLY

Deceased Name: _____

Cremation service was held at: Glasnevin Newlands Cross Dardistown

Signed at the time of collection

I _____ hereby acknowledge receipt of and
accept full responsibility for the urn containing the cremated remains of _____
from Dublin Cemeteries Trust.

If the ashes are being buried or scattered please indicate location

Name: _____

Signed: _____

Date: _____

Identification checked Document presented _____