

## 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

#### PURSUANT TO THE BYE LAWS MADE BY GLASNEVIN CREMATORIUM LIMITED

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

Name:

Address:

Apply to Glasnevin Crematorium Limited 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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3. 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) Pacemakers 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) Y  N   
Bone growth stimulators
  - 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 the above is in the affirmative they must be removed. Please state by whom?

**NOTE: CREMATION MAY BE REFUSED IF CERTAIN PROSTHESIS ARE NOT REMOVED.**

**PART 3: Disposal Details**

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 crematorium or alternatively speak to your funeral director.

- A. I will collect the ashes from the crematorium.**  
I understand that I must collect the ashes from the crematorium within **4 weeks**, and that photo ID will need to be presented at the time of collection.

**Ashes of the deceased are available for collection 3/4 days after the cremations service**

If the ashes are being buried or scattered outside of any of Glasnevin Trusts cemeteries, please indicate location

- B. I nominated my representative to collect on my behalf.**

Name

Address

- C. I instruct the crematorium to inter the cremated remains in:**

- Columbarium Wall  Garden of Remembrance
- Family Grave in any of the Dublin Cemeteries Trust Cemeteries
- Family Cremation plot (Dardistown only)  Water URN

If option C the relevant crematorium will contact you to arrange attendance, inscription and to discuss service options. Please indicate that you consent to this. Y  N

Name of person to be contacted

Phone

Email

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### PART 4: 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 5: Applicant Declaration

I declare that to the best of my knowledge and belief the information given in this application is correct and no material particular has been omitted.

Date: (Signature of applicant)

**NOTE: This Certificate should be returned to the funeral director to arrive no later than 3.00pm on the day prior to Cremation.**

**If you require further information please contact Mark O'Neill (Cremation Sales Manager) to assist you with all aspects of personalising the cremation service and memorialisation options.  
Phone - 086 8393515 / Email - moneill@dctrust.ie**

### PART 6: Funeral Director Declaration

The applicant is known to me and I have no reason to doubt the truth of any of the information furnished by the applicant.

Date: (Signature of Witness)

Using Block Letters Please Print Witness Name