

This form is supplied by:
**BRAMCOTE
CREMATORIUM JOINT
COMMITTEE**
Bramcote Crematorium
Coventry Lane
Bramcote
Nottingham
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Tel No: 0115 917 3849
Fax No: 0115 943 0067

BCJC Office Use Only

Reference Number: _____

**INSTRUCTION FOR DISPOSAL OF
CREMATED REMAINS FROM ANOTHER
CREMATORIUM**

Deceased Details

Full Name: _____ (Mr/Mrs/Miss/Ms): _____

Address of Deceased: _____

Postcode: _____

Age (last birthday) _____ Occupation: _____

Marital Status: _____ (whether married, civil partner, widow, widower, surviving civil partner, neither married nor in a civil partnership)

Applicant Details - This must be the same person who applied for the original cremation.

Full Name: _____ (Mr/Mrs/Miss/Ms): _____

Address: _____

Postcode: _____ Tel: _____

Relationship to the Deceased: _____

Cremation Details

Crematorium Name and Address: _____

Tel: _____

Date of Cremation: _____ Cremation Number: _____

Disposal Details

Please tick one box only - if you require any guidance please do not hesitate to contact Bramcote Crematorium

(a) Scattered in designated area of cremation grounds

Scattered on Section 1 - 24 or The Woodland Walk (with other relatives)*

* Stated Relation / Spouse details

Name _____ Month/Year of Death _____ Relation _____

Name _____ Month/Year of Death _____ Relation _____

(If the details above are not supplied hereon the cremated remains will be disposed of in the Designated Area)

If disposal is to be by appointment, state:

Date: _____ Time: _____ Persons Present: _____

IMPORTANT

Applicants Authorisation of the above information is correct:

Signature: _____

Print Name: _____

Funeral Director Details

Name and Address: _____

_____ Tel: _____ Contact Name: _____

Fee

The fee for this service is £ _____

We take credit and debit cards

Cheques should be made payable to "Bramcote Crematorium"

Notes _____
