

This form is supplied by:  
**BRAMCOTE  
CREMATORIUM JOINT  
COMMITTEE**

Bramcote Crematorium  
Coventry Lane, Bramcote  
Nottingham NG9 3GJ  
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**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: \_\_\_\_\_

Email Address\*: \_\_\_\_\_

Relationship to the Deceased: \_\_\_\_\_

**Cremation Details**

Crematorium Name and Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Tel: \_\_\_\_\_

Date of Cremation: \_\_\_\_\_ Cremation Number: \_\_\_\_\_

\* Email address if for marketing purposes only.

Please tick here ☐ if you wish to receive marketing information from Bramcote Crematorium

## Disposal Details

*Please tick one box only*

☐

Unwitnessed Scattering in a location chosen by staff

☐

Unwitnessed scattering in the same location as

Name \_\_\_\_\_ Month/Year of Death \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_ Month/Year of Death \_\_\_\_\_ Relation \_\_\_\_\_

**If disposal is to be by appointment, please state details below:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Name \_\_\_\_\_ Month/Year of Death \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_ Month/Year of Death \_\_\_\_\_ Relation \_\_\_\_\_

**There is a fee applicable to this service, please indicated payment method below:**

☐

Paid by family on day of appointment

☐

Payment already made to Funeral Director (Please give details of the funeral director below)

## IMPORTANT

**Applicants Authorisation of the above information is correct:**

**Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

## Funeral Director Details

Name and Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Tel: \_\_\_\_\_ Contact Name: \_\_\_\_\_

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