

Cremation Number: _____



Authorisation for Disposal of Cremated Remains at Wealden Crematorium

The applicant for the cremation should read and carefully consider the options given in this form. The decision regarding the final disposal of cremated remains is very important so if you require further guidance please contact the crematorium office.

Name of Applicant _____

Address _____

Name of Deceased _____

I hereby authorise the crematorium to:
(please select from the following options)

1 Scatter the ashes with NO RELATIVES ATTENDING in the Memorial Garden at the crematorium. Cremated remains are scattered in designated areas. Please note that a record is kept of the area where the ashes have been dispersed but it is not possible to indicate the exact location.

If applicable, in the same place as _____

Signature _____ Date _____

2 Scatter/Inter the ashes with RELATIVES ATTENDING. Appointments must be made directly with the crematorium office.

If applicable, in the same place as _____

Signature _____ Date _____

3 Allow the ashes to be collected by: _____

Please specify the full name of the funeral director or the person nominated to collect the ashes. The ashes will only be released to the named person upon production of identification.

Signature _____ Date _____

4 Forward the ashes to: _____

Signature _____ Date _____

Please specify the full name and address with the post code of the recipient. *Please note a charge is made for this service - POA*

Signature _____ Date _____

5 Keep the ashes on hold until a decision has been made. Ashes can be held for up to one month without charge. We will contact you asking for further instructions from you at this time. Unless new instructions are received by the end of one month, a storage fee will be payable for each following month.

Please note that unless a written instruction is received within 14 days from the date of contact, the ashes will be scattered in the Memorial Garden as provided for in Regulation 30 of the Cremation Regulations 2017. The location of where the ashes are laid to rest will be recorded.

Signature _____ Date _____