

Funeral Director:

Phone:

DOUGLAS CREMATORIUM

**CREMATION ACT 1957
CREMATION REGULATIONS 2000**

No

APPLICATION FOR CREMATION

I, (full name of applicant):

Address:

.....

Occupation:

Apply to Douglas Corporation to undertake the cremation of the remains of:

Full name of deceased:

Address:

.....

Occupation:

Age: Sex: Whether married, widow, widower or unmarried:

The true answers to the questions set out below are as follows:

1.	Are you an executor or nearest surviving relative of the deceased?	
2.	If not, state (a) your relationship to the deceased; (b) the reason why the application is made by you and not by an executor or any nearer relative	(a) (b)
3.	Have the near relatives* of the deceased been informed of the proposed cremation?	
4.	(a) Has any near relative of the deceased expressed any objection to the proposed cremation? (b) If so, on what ground?	(a) (b)
5.	What was the date and hour of death of the deceased?	
6.	(a) What was the place where the deceased died? (b) State whether own residence, lodgings, hotel, hospital, nursing home, etc.	(a) (b)

7.	Do you know, or have you any reason to suspect, that the death of the deceased was due, directly or indirectly, to: (a) violence; (b) poison; (c) privation or neglect?	(a) (b) (c)
8.	Do you know of any reason whatever for supposing that an examination of the remains of the deceased may be desirable?	
9.	Give name and address of the ordinary medical attendant of the deceased:	
10.	Give names and addresses of the medical practitioners who attended the deceased during his/her last illness:	

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:

(To be completed by a householder) 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:

Address:

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*The term "near relative" as here used includes widow or widower, parents, children above the age of 16, and any other relative usually residing with the deceased.

This form is issued by Douglas Corporation, Town Hall, P.O. Box 2, Ridgeway Street, Douglas, Isle of Man IM99 1AD. Telephone (01624) 696300.

When completed, it should be forwarded together with Forms B and C and the disposal certificate (or Coroner's certificate) to **The Medical Referee, Douglas Crematorium, Town Hall, Douglas** to be received by 11:00 a.m. on the day prior to the proposed cremation.