



Warrington Borough Council  
Bereavement Services  
**Particulars for Cremation**

ID Number: .....
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Name of the Deceased in full .....Mr/Mrs/Miss/Ms  
Address: .....  
.....Postcode:..... Age .....

**Service Details**

	Date	Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

*Please Note: Floral tributes will be left in floral tribute area for 5 days*  
(Please state) Full Service/Committal only .....  
(Please state) Curtains open/close .....  
Name of Minister .....  
Denomination of Minister .....  
Music provision ? USB  Obitus   
**All music must be delivered to the crematorium at least 24 hours prior to the service. All multi-media devices for display purposes must be delivered to the crematorium at least 48hrs prior to the service.**

Instructions for music .....  
.....

**Disposal of cremated remains**

It is essential that relatives be consulted by the Funeral Director regarding the disposal of cremated remains before this section is completed (see website [www.warrington.gov.uk](http://www.warrington.gov.uk), letter and brochure for full particulars). *Note: The Council retains ownership of all plots, no right of burial of cremated remains in any part of the Crematorium grounds exists. Future interments in any plot or strewing in a strewing area of the grounds will be at the discretion of the Registrar.*

**The section below is to be completed and signed by the applicant:**

To be collected by ..... (signed by Applicant) .....  
I would like to receive an information pack of all the options provided by Walton Lea Crematorium (delete as appropriate) YES/NO

Held in a maximum period of 28 days pending final disposal..... **After this period the cremated remains will be strewn in the Seasonal Gardens unless alternative written instructions are received on the appropriate form sent out to families following Cremation.**

Held at the crematorium for a period of ..... months. (After the initial 28 day holding period) I understand that I shall be charged a monthly fee for the holding of the remains for the period requested. **After this period the cremated remains will be strewn in the Seasonal Gardens unless alternative written instructions are received on the appropriate form sent out to families following Cremation.**

**PLEASE NOTE PAPERWORK SENT OUT AFTER THE CREMATION MUST BE COMPLETE AND RETURNED PRIOR TO DISPOSAL OF REMAINS.**



**Environmental Policy**

All metals remaining following cremation will be disposed of in the most suitable manner to reduce the impact on our environment. This will include the sensitive recycling of metals to avoid the use of non-renewable resources and comply with existing legislation. Please sign to show how you would like metals to be dealt with.

I accept the metals will be recycled .....(signature required)

I would like the metals returned .....(signature required)

**Funeral Director**

Name: .....

Address: .....

.....

Tel Number: .....

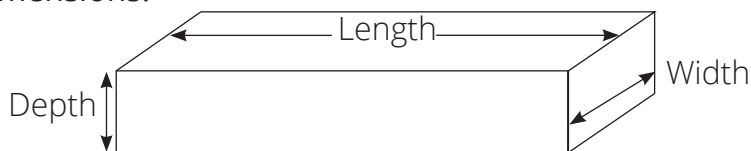
**Note: Coffins and fittings must conform with FCBA Regulations (copies are available from the Crematorium).**

Funeral Directors must also be aware that the maximum size of the coffin/casket must not exceed the following dimensions:

**Length 7 ft 2 inches**

**Width 39 inches**

**Depth 23 inches**



Please complete the actual coffin measurements in the boxes below.

Length

Width

Depth

I confirm that coffin and fittings used in this funeral conform with the above.

Full name of Funeral Director: .....

Signature .....

**Declaration**

I declare that to the best of my knowledge and belief the information on this preliminary application is correct and I understand that, for reasons of environmentally friendly practice or due to circumstances deemed necessary by the crematorium authority, the cremation will normally take place within 24 hours following the service. This is in accordance with the ICCM's guiding principles.

Full name of applicant:..... Mr / Mrs / Miss / Ms

Signature : .....  
*Applicants signature*

