

# West Berkshire

## CREMATORIUM

THIS FORM MUST BE SUBMITTED TO THE REGISTRAR NO LATER THAN  
9.30am 2 WORKING DAYS BEFORE CREMATION

BOOKING REFERENCE NUMBER

CREMATION NUMBER

Bath Road, Thatcham, Berkshire RG19 4LD

Tel: 01635 872577 Fax: 01635 866052 Email: info@westberkshirecrematorium.co.uk

### INSTRUCTIONS FOR CREMATION

DATE AND TIME OF SERVICE:

DAY ..... DATE ..... at ..... am/pm

### DETAILS OF DECEASED

Surname ..... Forenames ..... Age .....

Date of Birth ..... Religion .....

Home Address .....

Post Code .....

### SERVICE ARRANGEMENTS

**\*Please notify the crematorium immediately if a Webcast or Visual Tribute is required**

TYPE OF SERVICE (c/e, civil etc) ..... Name of Minister/Officiant .....

FULL SERVICE

COMMITTAL

NO SERVICE

DOUBLE TIME

\*WEBCAST

VIDEO RECORD

AUDIO RECORD

\*VISUAL TRIBUTE

ORGANIST

CURTAIN INSTRUCTIONS:-

STAY OPEN

CLOSE

ESTIMATED ATTENDANCE .....

### INSTRUCTIONS FOR MUSIC SYSTEM DETAILS

The music library is available at: <http://www.obitus.com/index.php?page=music-search>

Music, Hymns, Special requests (if known):

ENTRY: ..... COMMITTAL: .....

DURING: ..... EXIT: .....

DURING: ..... OTHER: .....

**NOTE: Some tracks may not be listed on the website and will need to be ordered 48 hours before the service.**

Special orders may be placed on the website Special order number .....

### COFFIN DETAILS

Coffin Dimensions: W: ..... L: ..... D: .....

Please tick if the coffin is wider than 26"

**NOTE:** Maximum coffin width is 33.5"

Is the coffin heavier than 22 stone or 140kg? YES  NO  If 'YES' please give coffin weight .....

**TYPE:** Traditional  Wicker  Other  .....

Funeral Director: ..... Phone No: .....

Address: .....

V2019A

## ENVIRONMENTAL MEASURES

**a) FLORAL TRIBUTES** (Tick appropriate box if required)

1. Used by the Crematorium  2. Removed by Funeral Director  3. Removed by relatives

Floral tributes will remain on display for a minimum of two nights following the Funeral, after which time they will be removed at the discretion of the Cremation Authority for disposal, unless otherwise instructed.

**b) DISPOSAL OF ORTHOPAEDIC IMPLANTS AND METAL RESIDUES**

All metals retrieved will be recycled, with proceeds distributed amongst selected charities.

TICK only if you require residues returned to you.

All cremations will be carried out in accordance with FBCA Code of Practice.

**c)** I am aware Cremation may not take place on the same day but that it will normally be completed within 24hrs of the service.

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## OUR SERVICES

**a)** Our services to you include our cremation services and associated services.

**b)** We would also like to contact you after the cremation service to give you the opportunity to share any comments on how we could improve our services and to provide you with information regarding additional services and assistance that we offer and believe may be of interest to you. Should you prefer, you may exercise your right to refuse use of your contact details for these purposes by emailing [privacy@westerleighgroup.co.uk](mailto:privacy@westerleighgroup.co.uk)

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## DECLARATION

As applicant for cremation: of the late .....

**I understand:**

1. Arrangements can be made to witness the dispersal of cremated remains within the Gardens of Remembrance. Cremated remains dispersed in the Gardens of Remembrance are not contained in a casket or urn, a general location is recorded and may not be memorialised.
2. Arrangements can be made for the ashes to be placed into a specific location or at a memorial purchased.
3. I confirm I have indicated on Form 1 my wishes to dispose of the ashes and authorise the crematorium to contact me to re-confirm this instruction before the instruction is completed.
4. As the Applicant for the Cremation who has given instructions for the Ashes on Statutory Form 1, I give my consent that if the Ashes are removed from the Crematorium by the Funeral Director on my behalf and I have not collected the said Ashes from them within a period of 12 months from the date of cremation, the Ashes can be returned by the Funeral Director to the Crematorium for scattering in the Gardens of Remembrance without attendance.
5. That the crematorium will hold my details for use in statutory registers and client database. All such details and any other information that we hold about you will be held by us in accordance with our privacy policy which is available at <https://www.westerleighgroup.co.uk/PrivacyNotice.pdf>

Signature ..... Block Capitals .....

Telephone/Contact Details .....

Relationship to Deceased ..... Date .....

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## RECEIPT FOR CREMATED REMAINS

RECEIVED from the Registrar, **WEST BERKSHIRE CREMATORIUM**

The Cremated Remains of the late

Signature ..... Block Capitals .....

Capacity: (Tick as appropriate) Funeral Director  Applicant  Authorised Person

Address .....

..... Date .....