



Dublin Rd, Cavan, Co. Cavan.
 Tel: 049 436 2200
 Fax: 049 437 1110
 Email: info@lakelandscrematorium.ie
 Web: www.lakelandscrematorium.ie

Form A

FUNERAL DIRECTOR CONFIRMATORY ORDER FORM

Funeral Director: Telephone:
 Address: Email:

Name of Deceased: Age: Sex:
 Address: Religion: Date of death:
 Married Single Separated
 Divorced Widow/er
 Place of Death (if different from above)
 Cremation to take place: Day Date Time

Mode of disposal of cremated remains:

(a) Private Disposal: Urn Casket Supplied Urn Interment in Columbarium wall

**NB! ASHES OF DECEASED ARE NORMALLY AVAILABLE FOR COLLECTION
 3/4 WORKING DAYS AFTER THE CREMATION SERVICE**

(b) Memorial Option: State which option:
 How many spaces (max 3):
 Confirm inscription:

If the deceased has any of the below implants, these must be removed as they will damage the Cremator whilst Cremating.

- (a) Heart Pacemaker (b) Defibrillator (c) Other Electronic Device
 (d) Brain Implant (e) Artificial Limbs (f) Fixion Implant (g) Baclofen Pump

NOTE: CREMATION MAY BE REFUSED IF ANY OF THE ABOVE IMPLANTS ARE NOT REMOVED

- No batteries, bottles, alcohol, electronic devices or glass permitted in the coffin as these items will also damage the cremator whilst cremating.
- If the coffin is longer than 7½ft, wider than 3ft or more than 2ft in height, please contact the crematorium to see if coffin is suitable for cremating.
- No cardboard coffins are accepted for cremation or coffins with pitch inside.

I hereby certify that I have complied with all regulations laid down by Lakelands Crematorium

Signature of Funeral Director

FORMS TO BE SCANNED AND EMAILED TO INFO@LAKELANDSCREMATORIUM.IE AS SOON AS POSSIBLE

APPLICATION FOR CREMATION BY EXECUTOR OR NEAREST NEXT OF KIN

ALL QUESTIONS MUST BE ANSWERED
 PURSUANT TO THE BY-LAWS MADE BY LAKELANDS CREMATORIUM
The applicant must be over 18years and cannot be a common law partner or friend

(Name of Applicant) Mr./Mrs./Miss
i.e. Next of Kin or Executor

(Address)

apply to Lakelands Crematorium Company to undertake the cremation of the remains of:-

(Name of Deceased)
First Name in full

(Address)

(Occupation)

Age Sex Religion Married Single Separated Divorced Widow/er

at LAKELANDS CREMATORIUM. on

The answers must be completed by the applicant (Executor or NSR only!)

1. Are you an **executor** or the **nearest surviving relative (NSR)** of the deceased?, Please state which. If you are the NSR, please state your relationship to the deceased

2. If answer to 1 is "No"

(a) Your relationship to the deceased

(b) The reasons why the application is made by you and not an executor or nearest surviving relative.

3. Has the nearest surviving relative of the Deceased been informed of the proposed cremation?

4. Has the deceased been fitted with any artificial implant?

If the deceased has any of the below implants, these must be removed as they will damage the Cremator whilst Cremating.

(a) Heart Pacemaker

(b) Defibrillator

(c) Other Electronic Device

(d) Brain Implant

(e) Artificial Limbs

(f) Fixion Implant

(g) Baclofen Pump

NB! No batteries, bottles, alcohol, electronic devices or glass permitted in the coffin as these items will also damage the cremator whilst cremating. Any residual metals (i.e. coffin nails, body implants) following cremation are recycled. Monies received from this recycling programme are donated annually to St. Christopher's Hospice.

NOTE: CREMATION MAY BE REFUSED IF ANY DAMAGING IMPLANT IS NOT REMOVED

NB! THE CREMATION ASHES OF DECEASED MUST BE COLLECTED NO LATER THAN 1 MONTH AFTER THE CREMATION SERVICE.

I declare that to the best of my knowledge and belief the information given in this, is correct and no material in particular has been omitted.

Date: *(Signature of Applicant)* i.e. Executor or NSR

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 of Witness)*

(Address)

Please Print Name Date

This form when completed should be sent to the Secretary, Lakelands Crematorium Dublin Rd, Cavan, Co. Cavan.

Email: info@lakelandscrematorium.ie



**Verification of Infection Disease Status
of Remains from Northern Ireland**

(To Be Completed by Deceased's Physician)

Name of Deceased:

D.O.B.:

Deceased had Infectious Disease:

Yes

No

.....

.....

Signature:

Date:

Lakelands Crematorium – NI forms

Form A - FD Form

Form B - Next of kin/Executor form - Witnessed by FD

Infectious form - Completed by deceased own Doctor

Out of country - NI Coroner

Registration - Death to be registered in NI and GRO21 and copy of death cert to be sent along with paperwork