

Application for cremation of foetal remains

I (name of applicant):
Christian names in full

Mr / Mrs / Miss / Ms

Address:

being the parent or not being the parent but in accordance of the wishes of the parent(s)

make an application for the cremation of foetal remains of:

Delivered on:

at:

 am / pm

I, being the applicant for the cremation of the above named deceased, hereby authorise Woodvale Crematorium to dispose of the cremated remains as I have specified below:

A Do not wish to be present - Strewn in the lawns in the Remembrance garden at Woodvale

B I wish to be present and will make an appointment within 12 weeks - Strewn in the lawns in the Remembrance garden at Woodvale (If no appointment has been made during this period, it shall be assumed that you no longer wish to attend)

C To be removed from Woodvale and collected by

D To be removed from Woodvale and collected by **Funeral Director**

Note: Despite every effort being made to recover ashes following a cremation, on vary rare occasions (particularly with a cremation of stillborn children) there may be no recoverable ashes.

I certify that I have no reason to suspect why any further enquiry or examination should be made.

Signature:

Date:

