

Exeter & Devon Crematorium

Topsham Road, Exeter EX2 6EU
Tel: (01392) 496333 Fax: (01392) 432248

YOUR INSTRUCTION FOR THE ASHES

We would like to ask for your instructions for the final resting place of the ashes. Please remember, once the ashes have been scattered or buried, you may not be able to reverse your decision. If you are in any doubt what you would like to do, we strongly advise you to postpone your decision to a later date.

We will look after the ashes for you at the crematorium for as long as you need.

If you have decided what you would like to happen to the ashes, please fill in the following information. All metal residues will be recycled by a non-profit making company, and any proceeds will be donated to charity.

Please note that this form, filled in and signed by you, as the applicant, is your written instruction to us and we will act on this accordingly, once we have confirmed your choice.

Please complete in block capitals:

I,of

Address.....

.....

.....Telephone no.....

Applicant for the Cremation of

Relationship to the deceased.....

Please select one of the following:

A) I have not yet made a decision about what should be done with ashes. I understand the ashes will be cared for at the Crematorium, at no charge, until I have made my decision. (We will contact you regarding your choice)	Applicant Signature
B) I wish the Crematorium to place the ashes in their garden of remembrance and I wish to be present * (We will contact you regarding your choice)	Applicant Signature
C) I wish the Crematorium to place the ashes in their garden of remembrance, without me being present* (We will contact you to regarding your choice)	Applicant Signature
D) I wish that I, or (insert name) will collect the ashes from the Crematorium. I understand that I or my representative must show ID at the Crematorium.	Applicant Signature
I wish to reclaim the metal residues. For more information please see www.apcandc.co.uk	Applicant Signature

*If the ashes are to be placed with a loved one, where possible, please complete below;

Name....., Cremation number.....Location.....

I, the applicant confirm I have read and understood the options available to me.

Signature of Applicant.....Date.....

Office use only - Please tick if this supersedes a previous ashes instruction form