

# 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. If you are in any doubt what you would like to do, we advise you to leave the ashes in our care, to give you the time to make your decision.

We will look after the ashes for you at the crematorium for as long as you need, at no charge.

This form will be used alongside Cremation Form 1 (Application for Cremation) in line with current Regulations, and once completed will be treated as your instruction to us.

Please complete in block capitals:

I .....of

Address .....

.....

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

Email Address .....

Applicant for the Cremation of .....

Relationship to the deceased .....

Please select one of the following:

Option 1: Ashes to be scattered / interred / otherwise dealt with by the crematorium. (We will contact you to offer our assistance to you)	Applicant Signature
Option 2: Ashes to be collected from the crematorium. 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. (Should you wish for your Funeral Director to collect the ashes on your behalf, we will contact you to let you know that this has happened)	Applicant Signature
Option 3: Ashes to be held awaiting your decision. I have not yet made a decision about what should be done with the 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 to offer our assistance to you)	Applicant Signature
All metal residues will be recycled by a non-profit making company, and any proceeds will be donated to charity. If you do not wish for this to happen, and you wish to reclaim any metal residues, please sign here. For more information please see <a href="http://www.apcandc.co.uk">www.apcandc.co.uk</a>	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 any previous ashes instructions form

M. Sillifant & Sons. Independent Family Funeral Directors  
19-20 Holloway Street, St Leonard's, Exeter. EX2 4JD