## Disposal of Cremated Remains

Environmenta	il Policy		
In compliance with of the funeral servi	, ,	of practice all cremations are no	ormally carried out within 24 hours
All metals remainin	g following cremation wi	ll be sent for recycling. Please s	see the 'Recycling of Metals
_	· · · · · · · · · · · · · · · · · · ·	he Crematorium for further in	
to dispose of these	e metals in any other way	<mark>oplease tick the box and the m</mark>	etals will be returned to you,
As the person	who has made the	Application for Cremat	ion of the late:
Name and address			
of deceased			
			Postcode
			Tostcode
I hereby author	rise you to dispose	of the cremated remains	s as follows:
(please tick relevan	-		
I wish to atter	nd the burial of the crem	ated remains and will contact t	the Crematorium Office
I do not wish	to attend the burial of th	ne cremated remains and the h	urial will be carried out 14 days
			otherwise stated, the cremated
	e placed in the woodland	,	
	•	den of Remembrance with tho	se of the late
Name		who died on	
Cremation number		Location	
I wish the cre	mated remains to be inte	erred in a niche and will contac	t the Crematorium Office
The cremated	remains to be collected	from the Crematorium by:	
Send the cren	mated remains to:		
Keep the cren	mated remains securely a	t the crematorium (for a maxin	mum of 3 months) to give me time to
make a decision	•	t the cicinatorium (for a maxii	ndin or 3 months) to give me time to
Applicant's sign	nature & date, Any c	hange of instructions must be i	in writing and signed by the Applicant.
Signature			Date DD/MM/YY
Cremation of	a baby or infant		
Please note that re	mains are unlikely to be a	available from the cremation o	f a baby or infant.
		le this known to me and has of	
arrangements and I	I wish to proceed with th	ne cremation at Eltham Cremat	corium
Applicant's sign	nature & date		
Signature			Date DD/MM/YY
Funeral Directo	or's signature & dat	e	
Signature			Date DD/MM/YY