Bereavement Services

Dorrator Road, Camelon, Falkirk FK2 7YJ

Telephone: 01324 503650

Email: Bereavement@falkirk.gov.uk

Falkirk Council

***Place Services***

**Cremated Remains Interment Application**

# **Garden of Remembrance**

This form, when completed, to be delivered to the Cemetery Office at the above address, by the Funeral Director or other person having lawful charge of the Interment, no later than *1 week prior to interment*.

Funeral Director/ Applicant: **……………………………………………………………………………………...**

(Delete as appropriate)

Address: **………………………………………………………………………………**

Telephone Number: **………………………………………………………………………………**

Applicants Signature: **…….…………………………………………** Date:**………………………**

Disposal Comments: **………………………………………………………………..……………...**

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Details of Deceased: **……………………………………………………………………………….**

Date of Cremation: **……………………………….**. Date of Death: **……………………………..**

Papers Submitted: Letter of Authority …………… Original Cremation Certificate………………...

Original Cremation Location: **………………………………………………………………………………**

Date Requested:  **………………………………………………………………………………**

Time Requested: **…………………………………** Grave Section: **…………………………….**

Date Part ‘B’ passed to Crematorium: **…………………………………………………………………………..**

***\*\*(Dates and Times will be agreed and allocated by the Crematorium Staff)\*\****

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**Part ‘B’ (Crematorium Staff – Cremations from Away**

Details of the Deceased Date: ………………………………….

Name: ……………………………………………………………………………………………………..

Date of Interment: …………………………… Cremation Date: ……………………………………………

Grave Section: …………………………… Time: …………………………………………………….

Casket Location: At Crematorium/Arrive with Family

**(Delete as appropriate)**