



Bereavement Services Manager,  
Cambridge Crematorium,  
Huntingdon Road,  
Cambridge CB3 0JJ  
Telephone: 01954 780681  
Email: bereavement.services@cambridge.gov.uk

Cremation No .....

## CITY OF CAMBRIDGE CREMATORIUM PRELIMINARY INSTRUCTIONS FOR CREMATION

This form when complete must be delivered together with cremation forms 1, 4, 5 and the disposal certificate (or in case of an inquest with cremation form 6) to the Bereavement Services Manager, Cambridge City Crematorium, Huntingdon Road, Cambridge, CB3 0JJ not later than 17:00 three working days prior to the cremation or five days if the applicant wishes to inspect forms 4 or 5.

1. FULL NAME OF DECEASED: .....

AGE: ..... DATE OF BIRTH .....

1a. NAME TO APPEAR ON CHAPEL LISTS/FLORAL TRIBUTE CARDS .....

2. CREMATION ON: (Day):..... (Date):..... /..... 20..... at ..... hours (24hr)

3. SERVICE REQUIRED: West Chapel Modern 200 seats: Yes  No  display candles/cross: Yes  No

East Chapel Traditional 55 seats: Yes  No  Cover crucifix Yes  No

SERVICE TYPE: Full Committal Memorial None Denomination: .....

**Please check directly with WESLEY MUSIC, on 01536 712266, for availability of music not on our current list and indicate below all music requirements, including the date ordered if applicable. Wesley Music requires two clear working days notice for items not currently listed.**

Enter: .....

Hymn/Music: .....

Reflection: .....

During service: Hymn/Music: .....

Leave: .....

CURTAINS: OPEN  CLOSED

Name of Minister/Officant: .....

4. ADDITIONAL INFORMATION: Bearer YES  NO  Customs letter YES  NO

DVD/CD/Web cast YES  NO  Service Sheet YES  NO

**Service Sheets must be forwarded at least 24 hours prior to the service**

Donations YES  Charity name: ..... NO

SPECIAL INSTRUCTIONS: .....

5. DISPOSAL OF CREMATED REMAINS: (Authorisation must be submitted)

Strewing in Garden Of Rest (unwitnessed) YES  NO  Location: .....

Witnessed YES  NO

Taken away – Funeral Director YES  NO

Taken away – Family YES  NO

Memorial Vault YES  NO

Burial plot in Family Gardens YES  NO

6. MEMORIAL DETAILS: Should these be sent to the applicant? YES  NO

If box is not completed details will be sent.

**I the applicant confirm and agree with all the arrangements as detailed above.**

NAME: .....

SIGNATURE: ..... DATE: .....

## AUTHORITY FOR THE DISPOSAL OF CREMATED REMAINS

I hereby authorise the Registrar of Cambridge City Crematorium to dispose of the cremated remains of the late

.....

in the following manner:-

1. By strewing in the Gardens of Remembrance (a record of the location of the strewing is kept but IF THIS OPTION IS CHOSEN IT WILL **NOT** BE POSSIBLE TO MARK THE STREWING POSITION WITH ANY FORM OF MEMORIAL AT A LATER DATE.

**WITNESSED**      **YES**       **NO**       **DATE BOOKED** .....

2. By handing them to .....

3. By placing the cremated remains in a Memorial Vault at the Crematorium (Information on Vaults and details of the fees are available from the Crematorium Office)

*Please circle your preferred option*

Date ..... Signed .....

In order that you may have time to reflect on your decision the cremated remains will be strewn 14 days after cremation has taken place unless a private appointment is made for a day and time mutually convenient to the applicant and Crematorium (Monday to Saturday inclusive). Otherwise the Crematorium will retain the remains, free of charge for a period up to 3 months during which time we will contact you.

### THE APPROPRIATE TREATMENT OF METALS REMAINING AFTER CREMATION

Government legislation prohibits the interment of metals remaining after cremation within the grounds of a crematorium.

As a result of this regulation, all metal remaining after a cremation will be collected, and removed by a non-profit making company as part of a national scheme.

All surplus monies derived from this process is given to selected death related charities. Should you choose to indicate, in the box below, that you would rather this was not done we ask that the metal remains are to be collected within **TWO WEEKS** of the cremation service.

**If the metal remains are not collected within TWO WEEKS, we shall introduce the remains into the process described above.**

Thank you for understanding:

- I GIVE MY CONSENT FOR ANY METALS REMAINING TO BE REMOVED FROM THE CREMATORIUM.
- I DO NOT GIVE CONSENT AND WILL ARRANGE FOR THE METAL RESIDUE TO BE COLLECTED WITHIN TWO WEEKS.
- NOT APPLICABLE.

Date ..... Applicant's Signature .....

## **CONSTRUCTION OF THE COFFIN**

The coffin must be made of wood or a wood by-product which when placed in a cremator and subjected to the accepted cremation processes, is easily combustible and which does not emit smoke, give off toxic gas or leave any retardant smears or drops after final combustion. No metal furniture or fittings whatever shall be used on a coffin for cremation. No metal of any kind shall be used in the manufacture of such coffin except as necessary for its safe construction and then only metal of high ferrous content. Cross pieces must not be attached to the bottom of the coffin. If it is desired to strengthen the bottom of the coffin, wooden strips may be placed lengthways for this purpose. The coffin must not be painted or varnished but may be covered with a suitable cloth. Products manufactured in polyvinyl (PVC), must not be used in the construction of the coffin and its furnishings. The use of polystyrene must be restricted to the coffin nameplate only in which case it must not exceed 90 grams in weight. Coffins must comply with the Funeral Furniture Manufacturers' Association and the National Association of Funeral Directors joint specification/standard for cremation.

## **THE LINING OF THE COFFIN**

The use of sawdust or cotton-wool must be avoided. If circumstances require suitable sealing material may be used, but no metal, rubber or polyvinyl chloride (PVC) will be permitted and on no account must pitch or similar substance be used.

## **SIZE OF COFFIN**

Where the external dimensions of a coffin are likely to exceed length 84 inches (213cm); width 30 inches (75cm) depth 19 inches (48cm) the proper officer of the Crematorium must be given advance notice.

## **CLOTHING AND COFFIN CONTENT**

The coffin must only contain the body of the deceased and all the shrouds and/or clothing must be of natural fibres e.g cotton, wool, silk etc. Shoes or any material manufactured from PVC should not be included. NO GLASS, BATTERIES or MOBILE PHONES. IF IN DOUBT, PLEASE CHECK WITH THE OFFICE STAFF.

**I certify that this coffin conforms to the information.**

FUNERAL DIRECTOR: NAME: .....

SIGNATURE: .....

ADDRESS: .....

.....

.....

DATE: .....

## **DATA PROTECTION**

The Cambridge City Council will use the information you have provided on this form for cremation administration purposes and to give you information about memorials. You have the right to see the information held about you and to have any inaccuracies corrected.

**COMPLETED FORMS AND CHEQUE ENCLOSED**

- Preliminary
- Authority to Dispose
- Form 1
- Forms 4,5
- or
- Form 6
- Certificate. Of Disposal
- Cheque

**OFFICE USE ONLY**

	Fees Due
Bearer	£
Customs Certificate	£
Cremation	£
DVD/CD/Webcast	£
Witness Strewing	£
<b>TOTAL</b>	£
Cheque Number	
Receipt Number	

**RECEIPT FOR THE REMOVAL OF CREMATED REMAINS**

Received from Cambridge City Crematorium the casket or urn containing the above mentioned cremated remains together with the Certificate for the Disposal of the Cremated Remains.

Signed .....

Address.....  
 .....  
 .....

Print name .....

Date .....