

NORSE ROAD CREMATORIUM, BEDFORD

AUTHORITY FOR THE DISPOSAL OF CREMATED REMAINS

I hereby authorise Bedford Crematorium to dispose of the Cremated Remains of the late

.....  
as follows:-

- 1) By dispersal in the Garden of Remembrance at Norse Road Cemetery

SPRING / SUMMER / AUTUMN / WINTER / WOODLAND / BABY

If the applicant does not request a particular season: the Cremated Remains will be placed in the season at the time of death.

(A record will be kept of the location of the Cremated Remains although the position cannot be marked)

- 2) By dispersal/burial in a grave at Norse Road Cemetery/Foster Hill Road Cemetery.

Grave No: .....

Names and Dates of previous interments/dispersals: .....

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- 3) To be collected from the Crematorium by: .....

.....

Do you require an Urn: YES / NO

- 4) Holding on temporary deposit at the Crematorium pending final instructions (1 month at no charge; thereafter a fee is payable).

IS AN APPOINTMENT REQUIRED TO WITNESS THE DISPERSAL OF THE CREMATED REMAINS? YES / NO

If YES, kindly telephone the office on (01234) 353701 to arrange a date & time.

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THE FLORAL TRIBUTES MAY BE USED TO DECORATE THE CHAPEL AFTER THE CREMATION SERVICE. YES / NO

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*Once the Cremated Remains have been dispersed in the Garden of Remembrance they cannot be retrieved. You are strongly recommended to read the memorial options on the reverse of this page.*

NB: These instructions can only be given & this form signed by the person who Applied for the cremation on Statutory Form A

Signed .....

Address: .....

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.....Postcode.....