

Consecutive No.

“THE CREMATION REGULATIONS, 1973”
Register of Cremations

Surname: _____

First Names: _____

Sex: _____

Age: _____

Date of Death: _____

Date of Medical referee's permission or other authority: _____

Date of Cremation: _____

Type of urn:

☐

Plastic

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Biodegradeable Pine

Funeral Company: _____

Ashes to be collected by: *(If family please supply phone number)*

Charge to attached Indemnity No.: _____

FOR OFFICE USE ONLY

Cremation:

Park Chapel:

Greenwood Chapel:

After Hours:

Other:

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