



# MALDON FIELDS

CREMATORIUM & GARDENS

## PRELIMINARY NOTICE OF CREMATION

(Please complete in block capitals)

### DETAILS OF DECEASED

Surname: ..... Forenames: ..... Title: .....

Date of Death: ..... Date of Birth: ..... Age: ..... Sex: .....

Known As: ..... (if different from above - Display name to be used chapel lists)

### DETAILS OF CREMATION

Cremation Date: ..... Time: ..... Extra Time Required - Double time:

Coffin Size (inches) H: ..... x W: ..... x L: ..... Coffin Type: .....

### DETAILS OF SERVICE

Full Service:  Committal:  Direct (unattended at a time designated by the crematorium):

Name of Officiant: ..... Religion/Denomination: .....

Music ordered on Obitus:  Live & On-Demand Streaming Service (available for up to 28 days):

Themed Tribute (up to 25 photos within a curated theme and set to music):

Music Tribute (up to 25 photos, set to a piece of music):  Basic Slideshow (up to 25 photos):

Family supplied Tribute:  Single photo holding picture:  Extra Tribute photos (up to 25):

Downloadable link of Tribute (post service):

Keepsakes: Memory Box:  Video Book:  DVD or USB:

Special Instructions for Service: .....

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Curtain Choices Committal: Close - Curtains & Voiles:  Voiles only:  OR All Curtains Open:

### FUNERAL DIRECTOR DETAILS

Name and address: .....

.....

Tel No: ..... Email: .....

## ENVIRONMENTAL POLICY

Floral tributes will remain on display for two nights following the funeral, after which time they will be removed at the discretion of the crematorium and disposed of unless otherwise instructed.

For environmental reasons the cremation may not be carried out on the same day as the Service but will be undertaken as soon as practicable and no later than 72 hours following the Funeral. Please refer to our website for further information, [www.maldonfields.co.uk](http://www.maldonfields.co.uk).

## DATA POLICY

### OUR SERVICES

A) Our services to you include our cremation services and associated services.

B) We would also like to contact you after the cremation service to give you the opportunity to share any comments on how we could improve our services, and to provide you with information regarding additional services and assistance that we offer and believe may be of interest to you. Should you prefer, you may exercise your right to refuse use of your contact details for these purposes by emailing [office@maldonfields.co.uk](mailto:office@maldonfields.co.uk)

### DECLARATION / AUTHORISATION

- I authorise the Crematorium Manager to carry out the instructions listed within this document.
- I understand that the crematorium will hold my details for the use in statutory registers and client database. All such details and any other information that we hold about you will be held by us in accordance with our privacy policy which is available to view at <https://www.maldonfields.co.uk/privacy notice>.
- I understand that as the applicant for cremation I have indicated on Form 1 my instructions for the ashes and authorise the crematorium to contact me to reconfirm this instruction before the instruction is completed.
- I understand that as the applicant for cremation I have indicated on Form 1 my instructions regarding the recycling of metals. All metal retrieved will be sensitively recycled. Proceeds will be distributed to carefully selected charities.
- I understand that the ashes will be held at the crematorium for a period of time, and arrangements can be made to disperse the cremated remains within the garden of remembrance by the crematorium. Arrangements can be made to witness the dispersal.

I HEREBY UNDERTAKE to abide and be bound by the general instructions, rules, and regulations of the Crematorium.

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I, the applicant, confirm I have read and understood the options available to me.

Signature of Applicant for Cremation: ..... Date: .....

Applicant name (Print name): ..... Applicant title: .....

Relationship to Deceased: .....

Applicant address: .....

Applicant phone number: ..... Email address: .....

**OFFICE USE ONLY -** Deceased Name: .....

Removed By - Name (print): ..... FD/Applicant/ other Nominated (delete applicable)

Signature: ..... Date : .....

Crematorium Staff Name .....