



Putney Vale Crematorium

Crematorium	No:	

DISPOSAL OF CREMATED REMAINS – CHANGE OF INSTRUCTION

Full name of deceased		
Please select one of the following options		
Hold the cremated remains at the crematorium for up to three months		
Interment ☐ Place the cremated remains in a ☐ niche ☐ vault ☐ sanctum Previous location (if applicable)		
Strewing		
If the cremated remains are to be scattered in a previously used I Name of previous deceased		
Previous location (if applicable)		
☐ I DO NOT wish to be present. This will be completed within fiv ☐ I wish to be present and will contact the office within three mo	ve working days	
Collection		
By the applicant for cremation	Full name	
By a nominated person	Full name	
☐ By the funeral director		
Collection of cremated remains. Cremated remains may only be applicant for cremation. A nominated person may collect on the applicated above. Should the applicant wish to change the method another form will need to be completed and sent to the office signed at the top of the form. We will not accept a change of instruction via Disposal of cremated remains. Where indicated that the applicant scattering will take place five working days after the cremation server responsibility to contact the office to arrange an appointment for the we will write no more than once to the applicant and should we not letter we are permitted by our regulations to scatter the cremated relative read the above and have indicated my preference for the discontinuation.	plicants behalf but only if their full name is of disposal after submitting this form ed in ink. Please write 'change of instruction' a phone, email or fax. It does not wish to be present the rice otherwise it is the applicant's ne disposal. Where we are not contacted a receive a response within 14 days of such emains without further notice.	
Signed (applicant for cremation)	Date	
Print full name		