

London Borough Of Hillingdon
Breakspear Crematorium, Breakspear Road, Ruislip, Middlesex, HA4 7SJ
Telephone: 01895 556560 Fax: 01895624209 e-mail: bcrematorium@hillingdon.gov.uk

Authority for the Disposal of Cremated Remains

Please indicate your choice by filling in and signing the relevant section below. Cremation ashes are dispersed in the dedicated lawned areas within the Gardens of remembrance (not in the rose beds, shrubberies, or any other area of the Crematorium). **Note: These instructions can only be given and this form signed by the person who applied for the Cremation on Statutory Cremation Form 1.**

NAME OF DECEASED.....

Whose cremation takes place on.....

- 1. **SCATTER** the ashes with **NO RELATIVES ATTENDING** within the Gardens of Remembrance at the Crematorium. Strewing locations are recorded although the **exact** position is unmarked

Where possible by placing at the same location as a previous deceased

Name..... Cremation Date.....

Signature of Applicant..... Date.....

- 2. **SCATTER** the ashes with **RELATIVES ATTENDING (Appointments available Wednesday & Thursday please call the Crematorium to book)** Strewing locations are recorded although the **exact** position is unmarked

Date & time of appointment.....

Where possible by placing at the same location as a previous deceased

Name..... Cremation Date.....

Signature of Applicant..... Date.....

- 3. **RELEASE** the ashes. Cremation ashes are normally available for collection from 10am on the second working day following the funeral service, but it is always advisable to check with the Crematorium that the ashes are available before making a special journey to collect them.

To be collected by.....

Address.....

Signature of Applicant..... Date.....

- 4. **RETAIN** the ashes on **TEMPORARY DEPOSIT** at the Crematorium until a decision has been made as to their final disposal. Cremation ashes can be held for a period of up to 3 months, one month at no charge thereafter a fee is payable. **After a 3 month period, in the absence of any alternative arrangements for disposal, I authorise the Superintendent of the Crematorium to disperse the said ashes within the Garden of Remembrance.**

Signature of Applicant..... Date.....

(FOR OFFICE USE) For completion only on the release of cremated remains

Received from the Manager and Registrar of Breakspear Crematorium the casket or urn containing the above mentioned cremated remains together with the Certificate for the Disposal of the Cremated Remains.

Signed..... Print Name.....

Address.....

Date.....