



Office use only

Cremation Number :

CHANGE TO CREMATION INSTRUCTIONS

SERVICE ARRANGEMENTS

DAY	DATE	TIME
Full Name of Deceased:		
Funeral Director:		
Full Name of Applicant:		
Applicants Address:		
		Post Code:
Telephone Number:	Mobile Number:	
Email Address:		

CHANGES TO INSTRUCTIONS

Please tick only one box

Option 1: To be scattered / interred in an above ground vault by Breckland Crematorium. We will contact you approximately 5 working days after the funeral.	<input type="checkbox"/>
Option 2: To be collected from Breckland Crematorium. I give permission for _____ [insert full name of company / person] to collect the cremated remains from Breckland Crematorium. I understand that where the person named above is not the Funeral Director, they will need to show some form of photographic ID at the time of collection.	<input type="checkbox"/>
Option 3: To be held awaiting my decision. I understand that the cremated remains will be cared for at Breckland Crematorium for 3 months at no charge.	<input type="checkbox"/>

I understand that this form will be used alongside 'Cremation 1' (Application for Cremation) in line with the current regulations, and once completed will be treated as per my instructions to Breckland Crematorium. I acknowledge the Crematorium will contact me relating to the option I have chosen above. I, the applicant, confirm I have read and understood the options available to me.

Applicants Signature:	Date:
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GDPR Statement

Breckland Crematorium has a duty to process and store your personal information safely and securely in line with current data protection legislation, as amended or updated from time to time, in the UK. Please ask if you wish to see our GDPR Policy.