

Change of Instruction Form

Exeter & Devon Crematorium Tel: 01392 255631

Cremation
number

General details		
Name of deceased:	Name of applicant:	
Email address of applicant:		
Telephone number: Home	Mobile	
Date and time of cremation:		
M. Sillifant & Sons. Independent Family Fund Important information and	•	Leonard's, Exeter. EX2 4JD
Option 1: Ashes to be scattered/interred/otherwise We will contact you to offer our assistance to you.	e dealt with by the crematorium.	Please tick here if you wish to choose this option
Option 2: Ashes to be collected from the cremator	ium. I wish that I, or (insert name)	
will collect the ashes from the crematorium. I under must show ID at the crematorium. Should you wish the ashes on your behalf, we will contact you to let	for your funeral director to collect	Please tick here if you wish to choose this option
Option 3: Ashes to be held awaiting your decision. about what should be done with the ashes. I under at the crematorium, at no charge, until I have made We will contact you to offer our assistance to you.	stand the ashes will be cared for	Please tick here if you wish to choose this option
will be treated as your instruction to us. If you	rm 1 (Application for Cremation) in line with cur are in any doubt what you would like to do, w ion. We will look after the ashes for you at the	e advise you to leave the ashes in our
I, the applicant, confirm I have read and understood	d the options available to me:	
Applicant signature:		Date: