

**Baldarroch Chapel
& Crematorium
Supplementary
Application Form**



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|----------------------|
| For Crematorium use: |
| Booking No: |
| Cremation No: |

Enquiries regarding availability or booking of services can be made with the Baldarroch Chapel & Crematorium staff on Crathes (01330) 844042 or via the following link on the website: <http://www.baldarrochcrematorium.co.uk/funeral-director/>

The Application for Cremation (relevant Form A), Certificate of Registration of Death (Form 14), Procurator Fiscals Certificate (Form E1) if applicable and this form must be submitted to Baldarroch no later than 24 working hours before the service is due to take place.

*** = Delete As Applicable**

Name of Applicant:

Name of Deceased:

Section 1 – Details of Service:

Date/Time of service/cremation: Day:..... Date: Time:am/pm*

Type of Service (Note 1) Full Committal Memorial No Service*

Do you require an additional time slot in the chapel (Note 1) Yes No*

Which entrance is to be used to receive the coffin: Main Entrance Private Door *

Is the funeral private: Yes No*

Name of person to officiate at the service

Do you wish to shake hands on: Entry Exit None*

Is there a collection in aid of charity: Yes No TBC*

If 'yes' to above question what is the Name of charity:

Who is to supply the order of service: Funeral Director Family None*

Number of rows required for reserved seating (Note 2):

Do you expect more than 154 people to attend the service: Yes No*

Do you wish additional seating to be put in place (Note 3) Yes No*

Section 2 – Audio & Visual Requirements (Note 4):

Who is to provide the organist: Baldarroch Family Not Required*

Do you want the TV screens switched off during the service: Yes No*

Do you require a recording of the funeral service: Yes No*

If 'yes' to the above question do you wish the recording on: DVD USB*

How many copies do you require:

Do you want a photograph shown on TV screens for Entry/Exit: Yes No*

Do you wish to have a Slideshow produced: Yes No*

When is the Slideshow to be shown: Entry Period of Reflection Exit*

What type of music do you wish to have: Recorded Organ Both None*

| Music On Entry | | |
|-----------------|-------|------------------------|
| Type | Title | Artist (if applicable) |
| Recorded/Organ* | | |
| Recorded/Organ* | | |
| Recorded/Organ* | | |
| Recorded/Organ* | | |
| Recorded/Organ* | | |

| Music During Service | | |
|----------------------|-------|------------------------|
| Type | Title | Artist (if applicable) |
| Recorded/Organ* | | |
| Recorded/Organ* | | |
| Recorded/Organ* | | |

| Music On Exit | | |
|-----------------|-------|------------------------|
| Type | Title | Artist (if applicable) |
| Recorded/Organ* | | |
| Recorded/Organ* | | |
| Recorded/Organ* | | |
| Recorded/Organ* | | |
| Recorded/Organ* | | |

Section 3 – Post Service:

Do you wish the Floral Tributes to remain at Baldarroch: Yes No TBC* (Note 5)

Do you require the Ashes back within 24 hours of the service: Yes No* (Note 6)

If 'yes' to the question above when do you require the ashes: Date: Time:

How many urns do you wish the ashes to be returned in: Number:

Do you require a Customs Certificate: Yes No*

I understand the regulations regarding the disposal of orthopaedic implants and metal residues as outlined in Note 7. I hereby undertake to abide by and am bound by the Management Rules enacted from time to time by Baldarroch Chapel & Crematorium. I absolve Baldarroch Chapel & Crematorium from any legal or other responsibility through any accident arising to any urn or memorial of the deceased, or through the destruction of the crematorium by fire, civil tumult, act of God or through any other whatsoever and also for any delay or inconvenience in the arrangements for cremation.

Signature of applicant: Date:

Section 4 – Funeral Director Certification

Name of Funeral Director:

Does Coffin comply with construction guidelines (Note 8) Yes No*

Is the coffin in excess of 66.04 cm (26 inches) wide (Note 9) Yes No*

Signature of Funeral Director Representative: Date: