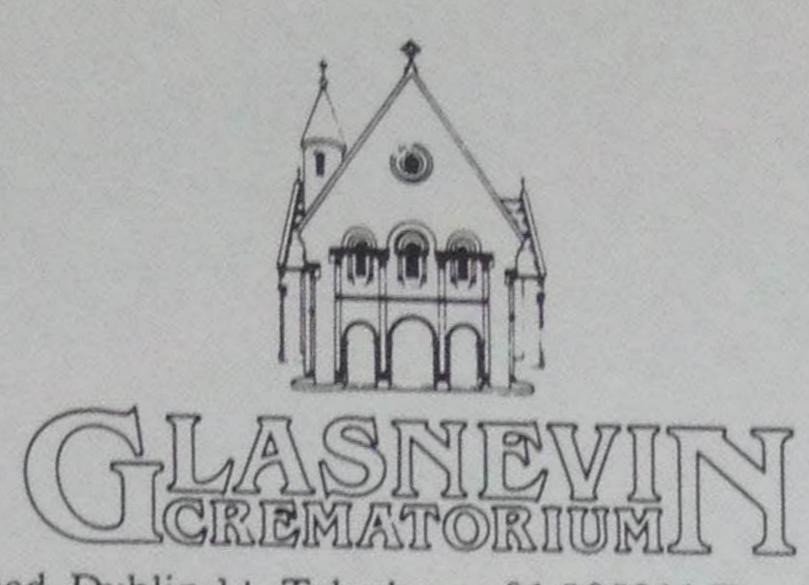
APPLICATION FOR CREMATION

ALL QUESTIONS MUST BE ANSWERED

co Glasnevin Crematorium Company to undertake the cremation of the remains of:-
o chashe vill Ciematorium Company to undertake the cremation of the remains of:-
of Deceased) — Many ames in full
of Deceased) Mary Many Comment, Drummonda.
ation (if married or widow state that of husband)
(Sex) frank (Religion) K-2 (Whether Married, Widow, Widower, or)
ried at
swers must be completed by the applicant.
Are you an executor or the nearest surviving relative of the deceased? (answer "executor" or "nearest surviving relative" if either, if latter, state relationship)
If answer to 1 is "No"
(a) Your relationship to the deceased. (a) Motor in the deceased. (a) Motor in the deceased.
(b) The reason why the application is made by you
and not by an executor or the nearest surviving relative. (b) Athere's work
Has the nearest surviving realtive of the Deceased been informed of the proposed cremation?
Do you know or have you any reason to suspect that the death of the deceased was due directly or indirectly to
(a) Violence or misadventure (a) In-
(b) Unfair means (b) Opportunity
(c) Negligence or misconduct (c) 105
(d) Malpractice on the part of others (d)
(1.) Has the Deceased been fitted with
(a) A Cardiac Pacemaker) (1.) (a) Yes/No
(b) A radio-active or other implant) (b) Yes/No
(c) Other Prosthesis) (c) Yes No
(2.) If the answer to (a) (b) or (c) above is in
the affirmative has this been removed? (2.) Yes/No
NOTE: CREMATION MAY BE REFUSED IF ANY PROSTHESIS IS NOT REMOVED

(c) Private Disposal



Finglas Road, Dublin 11. Telephone: 01 305211 Fax: 01 301594

Cremation No		Date:	Date:		
FUNERAL DIRECT	OR'S CONF	TRMATORY ORD	ER FORM		
Funeral Director Patriole	namen	200.			
Address 106 The Coom	be . 757	Telephone No. 5333	373.		
Name of Deceased Edith	*******				
Late residence Tuyn Gark	Gontent				
Place of death (if different from above)					
Age	igion X	Date of death	March 1972		
Occupation (if married or widow state that of hu	sband)		***************************************		
Cremation to take place: Day		ateTime	***************************************		
If Certificate for burial required, please state nan	ne of cemetery		***************************************		
Mode of disposal of cremated remains: (a) Columbarium with inscribed Commemorative Plaque					
	(b) Garden of R	temembrance	***************************************		
	(c) Private Disp	osal			
NB: Confirm name and date of Decea	sed for inscription i	n Garden of Rememberance	or Columbarium Wall.		
Name	••••••	Date	***************************************		
Has the Deceased been fitted with					
(1.) (a) A Cardiac Pacemaker)	(1.) (a) Yes/No			
(b) A radio-active or other implant)	(b) Yes/No			
(c) Other Prosthesis)	(c) Yes /No	•••••••••••••••••••••••••••••••••••••••		
(2.) If the answer to (a) (b) or (c) above is in					
the affirmative has this been removed?)	(2.) YesANo			
NOTE: CREMATION MA	Y BE REFUSED II	ANY PROSTHESIS IS NO			
Name and address of person signing Form "B" Signature of its	Tugh /	Mannet In	Denninga.		
hereby certify that I have complied with all the					
he dimensions of the coffin are Length					
Signature o	f Funeral Director	Jenemy (ansay		
THIS FORM MUST ON COMPLETION BE	SENT TO THE SE	ECRETARY AT THE CREN	ATORIUM WITHOUT DELAY		