

APPLICATION FOR CREMATION

ALL QUESTIONS MUST BE ANSWERED

PURSUANT TO THE BYE LAWS MADE BY GLASNEVIN CREMATORIUM LIMITED

This application should be made by an executor wherever practicable.

(Name of Applicant)

First names in full

(Address)

Mr./Mrs./Miss

(Occupation or Description)

apply to Glasnevin Crematorium Company to undertake the cremation of the remains of:-

(Name of Deceased)

First names in full

(Address)

Occupation (if married or widow state that of husband)

(Age)

(Sex)

(Religion)

(Whether Married, Widow, Widower, or)

Unmarried at

GLASNEVIN CREMATORIUM..

The answers must be completed by the applicant.

1. Are you an executor or the nearest surviving relative of the deceased? (answer "executor" or "nearest surviving relative" if either, if latter, state relationship)

2. If answer to 1 is "No"

(a) Your relationship to the deceased.

(b) The reason why the application is made by you

and not by an executor or the nearest surviving relative.

3. Has the nearest surviving relative of the Deceased been informed of the proposed cremation?

4. 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

(b) Unfair means

(c) Negligence or misconduct

(d) Malpractice on the part of others

(a) ☒ No

(b) ☒ No

(c) ☒ No

(d) ☒ No

5. (1.) Has the Deceased been fitted with

(a) A Cardiac Pacemaker

(b) A radio-active or other implant

(c) Other Prosthesis

) (1.) (a) ~~Yes~~/No

) (b) ~~Yes~~/No

) (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

I declare that to the best of my knowledge and belief the information given in this application is correct and no material particular has been omitted.

Date 1.9.93.

(Signature of Applicant) *Siobhán Murphy on behalf of Sean Marie Ryan*

The applicant is known to me and I have no reason to doubt the truth of any of the information furnished by the applicant.

Date 1.9.93

(Signature) *James O'Sullivan*

(Address) 106, The Esplanade, D.D.

Mode of disposal of cremated remains:

(a) Columbarium with inscribed Commemorative Plaque

(b) Garden of Remembrance

(c) Private Disposal



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

Cremation No.

Date:

FUNERAL DIRECTOR'S CONFIRMATORY ORDER FORM

Funeral Director *Patrick Nanny Ltd.*

Address *106, The Coombe, Dr.* Telephone No. *533373.*

Name of Deceased *Edith* [REDACTED]

Late residence *Wyn Park Court*

Place of death (if different from above)

Age Sex *female* Religion *R.C.* Date of death *16th March 1972*

Occupation (if married or widow state that of husband)

Cremation to take place: Day Date Time

If Certificate for burial required, please state name of cemetery

Mode of disposal of cremated remains: (a) Columbarium with inscribed Commemorative Plaque.....

(b) Garden of Remembrance.....

(c) Private Disposal

NB: Confirm name and date of Deceased for inscription in Garden of Remembrance 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.) ~~Yes~~/No

NOTE: CREMATION MAY BE REFUSED IF ANY PROSTHESIS IS NOT REMOVED

Fees: £ enclosed

Name and address of person signing Form "B" *Patrick Nanny Ltd. Wyn Park Court, Drumcondra.*

Signature of Funeral Director *Patrick Nanny*

I hereby certify that I have complied with all the regulations laid down by Glasnevin Crematorium Limited.

The dimensions of the coffin are Length *6'6"* Width *2'0"* Depth *2'0"*

Signature of Funeral Director *Patrick Nanny*

THIS FORM MUST ON COMPLETION BE SENT TO THE SECRETARY AT THE CREMATORIUM WITHOUT DELAY