FOUNDED IN 1828
GLASNEVIN TRUST

FUNERAL DIRECTORS **CONFIRMATORY FORM**

PLEASE PRINT IN BLACK PEN ONLY

Glasnevin Crematorium ☐
Finglas Road
Dublin 11
P: (01) 8826500
F: (01) 8301594
E: glasnevincrematorium@glasnevintrust.ie

Newlands Cross Crematorium ☐
Ballymount Road
Dublin 24
P: (01) 4592288
F: (01) 4592423
E: newlandscrematorium@glasnevintrust.ie

Cremation No: _____ Date: _____
Funeral Director: _____ Telephone No: _____
Address: _____ Email: _____

Deceased Details

Name: _____
Address: _____
Date death: _____ Age: _____ Occupation: _____
Sex: _____ Religion: _____
Place of death: _____
Status: Married ☐ Widow / widower ☐ Single ☐ Separated ☐ Partner ☐ Civil Partner ☐
Cremation to take place: Day: _____ Date: _____ Time: _____

Checklist

Form A
- Form signed by funeral director ☐

Form B
- Inspection of medical forms requested? Yes No ☐
- All details completed and signed by applicant and witnessed by third party ☐
- Form has been completed by executor or nearest relative? (and relationship stated) ☐
- **Cardiac device (if present) removed** ☐
- Fixion Nail (if present) removed ☐
- Other prosthesis stated ☐
- Disposal indicated ☐
- CD Music: Beginning of service End of Service ☐

Form C
- All details completed (no abbreviations) ☐
- Doctor complies with registration requirement (you can check Doctor registration details on: www.medicalcouncil.ie/registration/check.asp) ☐
- Doctor has seen deceased before and after death ☐

Form D
- If coroner's case, coroner has signed form ☐

*Please note:

No need for form C, if Coroners Form D completed and signed

Form F
- Completed and signed if Form B applicant is not collecting remains ☐

Other special requirement: Please state _____

If private disposal: Collection of cremated remains within 30 days. If not collected within this period, cremated remains will be forwarded to Funeral Director's offices. (If applicant is unable to collect cremated remains in person, a person may be nominated to do so on their behalf)

See Form F: Disposal of Cremated Remains must be completed

The dimensions of the coffin are: Length: _____ Width: _____ Depth: _____

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

Signature of Funeral Director: _____

Forms must be SCANNED and emailed to the relevant office by 3pm on the days prior to the service
Glasnevin Crematorium - glasnevincrematorium@glasnevintrust.ie
Newlands Cross Crematorium - newlandscrematorium@glasnevintrust.ie

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APPLICATION FOR **CREMATION**

This form is issued by Glasnevin Crematorium Limited, Finglas Road, Dublin 11. Tel: (01) 882 6500 FORM B
www.glasnevintrust.ie E-mail: glasnevincrematorium@glasnevintrust.ie

ALL QUESTIONS MUST BE ANSWERED
PURSUANT TO THE BYE LAWS MADE BY GLASNEVIN CREMATORIUM LIMITED
This form must be completed and signed by deceased executor or nearest surviving relative and witnessed by a third party

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1. Are you an executor of the deceased? Y ☐ N ☐
2. If answer to 1 is "No"

(a) Has the nearest surviving relative been informed Y ☐ N ☐

Relatives Name _____ Relationship to deceased _____

(b) Your relationship to the deceased. (b) _____

(c) The reason why the application is made by you and not by an executor or nearest surviving relative. (c) _____

Applicant Details

Name: _____

Address: _____

Apply to Glasnevin Crematorium Limited to undertake the cremation of _____

Telephone: _____ Email: _____

Please ring our Crematorium Manager on 087 2077283 if you have any queries regarding the services we provide.

Deceased Details

Name: _____

Address: _____

Date of death: _____ Age: _____ Sex: _____ Religion: _____

Occupation: _____

Status: Married ☐ Widow / widower ☐ Single ☐ Separated ☐ Partner ☐ Civil Partner ☐

3. Do you know or have any reason to suspect that the death of the person who has died was violent or unnatural or was referred to a Coroner? Y ☐ N ☐
4. Do you consider that there should be any further examination of the remains of the person who has died ? Y ☐ N ☐
5. (a) Was any implant placed in the body which may become hazardous when the body is cremated (other than stents or valves) (e.g. pacemaker, radioactive device or "Fixion" intramedullary nailing system)? Y ☐ N ☐

(b) Other Prosthesis Y ☐ N ☐

Please state _____

6. If the answer to 5 (a) above is in the affirmative it must be removed

Please state by whom _____

7. Are there metal handles or furnishings on the coffin ? Y ☐ N ☐

If YES — please note that handles on coffins for cremation serve no useful purpose and are unnecessary, if used they must be of combustible materials. If metal they must be removed before cremation

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APPLICATION FOR **CREMATION** CONTINUED

Disposal Details

a) Private: Urns ☐ Caskets ☐

Urn Selection (please tick) Prices available on request.


Aluminium Urn ☐


Casket ☐


Superior Brass Urn 1 ☐


Superior Brass Urn 2 ☐


Superior Brass Urn 3 ☐


Superior Brass Urn 4 ☐

b) Columbarium Wall: ☐ Reserve: Y ☐ N ☐ (Inscription)

c) Garden of Remembrance: ☐ Reserve: Y ☐ N ☐ (Inscription)

d) Rememberance Stone: (Glasnevin Only) ☐ See Description Below* (Inscription)

e) Burial in family graves ☐ (State Cemetery and burial date)

Please indicate details of final resting place:

Cremated remains must be collected within 30 days. If not collected within this period, cremated remains will be forwarded to Funeral Director's offices. (We recommend that applicant collects the cremated remains, (photo ID required) if unable to do so please nominate a person to collect on your behalf)

Cremated Remains can only be collected by applicant or nominated person.

CD Music to be played at: ☐ Beginning of service ☐ End of service

Other requests:

***The Rememberance Stone** is available for inscriptions with the name and date of loved ones who's remains are disposed of elsewhere. Ashes can also be scattered close to Rememberance Stone by prior arrangement with the Crematorium Manager. Telephone : (01) 882 6500

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APPLICATION FOR **CREMATION** CONTINUED

Inspection of Certificates

You are entitled to inspect the Cremation Medical Form (Form C) given by the doctor. If you do not wish to inspect any such forms yourself you may nominate another person to inspect them instead of you.

Such certificates will only be available for inspection through your funeral director or relevant crematorium for 48 hours from the time of Cremation Booking. You may take someone with you when you attend to inspect the forms. If you, or the person nominated by you, do not attend to inspect the forms at the time agreed with your funeral director or crematorium, the cremation may them proceed.

Please state if you would like to inspect the form given by the doctor or whether you would like to nominate someone else to do so instead and give a contact telephone number.

If Form C is given by medical practitioners:

- ☐ I would not like to inspect the forms
- ☐ I would like to inspect the form and my contact telephone number is _____
  email _____
- ☐ I nominate _____
  to inspect the forms and their contact telephone number is _____
  email _____

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: _____ (Signature of applicant) _____

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: _____ (Signature of Witness) _____

Using Block Letters Please Print Name _____

Address _____

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NOTE: If the death is not due to natural causes and has been referred to the coroner for investigation, this Form C need not be completed.

MEDICAL **CERTIFICATE**

This form is issued by Glasnevin Crematorium Limited, Finglas Road, Dublin 11. Tel: (01) 882 6500 FORM B
www.glasnevintrust.ie E-mail: glasnevincrematorium@glasnevintrust.ie

These Certificates should reach the relevant office.
NO LATER THAN 3.00PM ON THE DAY PRIOR TO THE CREMATION.

PURSUANT TO THE BYE LAWS MADE BY GLASNEVIN CREMATORIUM LIMITED

The doctor signing this form must be FULLY REGISTERED on The Medical Register of Ireland i.e. POST INTERN YEAR. Completion of this form is mandatory. All questions must be answered to complete the certificate for the purposes of Cremation.
The doctor completing the certificate must see the body **before and after death**.

PLEASE PRINT IN BLACK PEN ONLY

I hereby certify that the answers given below are true and accurate to the best of my knowledge and belief.

Name (Block capitals)
Address
Telephone No
Date of qualification / /
Signature
Date
REGISTERED NUMBER:
Registered Qualification

Must be FULLY REGISTERED on The Medical Register of Ireland i.e. POST INTERN **YEAR**

CREMATION MEDICAL FORM

FORM C

I am informed that application is about to be made for the cremation of the remains of:-

Name of deceased
Address
Occupation or description

HAVING SEEN AND IDENTIFIED THE DECEASED BEFORE AND AFTER DEATH.

I give the following answers to the questions set out below:-

1. (a) Were you the regular attending doctor of the Deceased Y ☐ N ☐
   (b) If so, for how long?

2. (a) Did you attend the Deceased during his or her last illness Y ☐ N ☐
   (b) If so, for how long?

3. (a) When did you last see the deceased alive? Date
   (say how many days or hours before death) Days or Hours

4. (a) How soon after death did you see the deceased?
   (b) What examination did you make?

5. On what date and at what hour did he or she die? Date Hour

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NOTE: If the death is not due to natural causes and has been referred to the coroner for investigation, this Form C need not be completed.

MEDICAL **CERTIFICATE** CONTINUED

6 (a) Address where the deceased died

(b) Please indicate whether answer to 6 (a) above was: Own residence Hospital Nursing Home

Other (please state)

7. (a) Are you a relative of the deceased? Y ☐ N ☐

(b) If yes, state relationship

8. Have you, so far as you are aware, any pecuniary interest in the death of the deceased? Y ☐ N ☐

9. Cause of death and duration of last illness: NO ABBREVIATIONS

Disease or condition directly leading to death (a)

due to (or as a consequence of)

Approximate interval between onset and death

Antecedent causes (b)

Morbid conditions, if any, Giving rise to the above Cause, stating the underlying Condition last

due to (or as a consequence of)

(c)

Approximate interval between onset and death

Other significant conditions contributing to the death but not related to the disease or condition causing it

Approximate interval between onset and death

NOTE:IF DEATH IS NOT DUE TO NATURAL CAUSES, THE CORONER SHOULD BE NOTIFIED

10. (a) State how far the answer to the last question Is the result of y our own observation

(b) If not your own observation, what was the Source of your information?

11. (a) Have you or any other doctor made a Post Mortem Examination of the deceased? Y ☐ N ☐

(b) If "YES" state by whom the examination was made

12. By whom was the deceased nursed during his or her last illness

(Give names and say whether professional nurse, Relatives etc. If the illness was a long one this question Should be answered with reference to The period of four weeks before the death)

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NOTE: If the death is not due to natural causes and has been referred to the coroner for investigation, this Form C need not be completed.

MEDICAL **CERTIFICATE** CONTINUED

13. Who were the persons present (if any) at the moment of death?

14. In view of your knowledge of the deceased's habits and constitution, do you feel any doubt whatsoever as to the character of the disease or the cause of death stated in 9, over?

15. Have you any reason to suspect that the death of the person who has died was violent or unnatural ? Y ☐ N ☐

16. Do you know or have any reason to suspect that the death under or within 24 hours of an anaesthetic? Y ☐ N ☐

17. Has a coroner been informed or has there been any discussion with the coroner about the death? Y ☐ N ☐
Date and time of enquiry

If yes, please state coroners office that was contacted

State the outcome of the discussions

18. Have you any reason whatever to suppose a further examination of the deceased to be desirable? Y ☐ N ☐

19. (a) Did you sign the Death Notification / Registration Form ? Y ☐ N ☐

(b) If No, who has?

20. Has the deceased been fitted with
(a) Any hazardous implant (other than stents or valves)?
(e.g. pacemaker, radioactive device or "Fixion" intramedullary nailing system) Y ☐ N ☐ Please state

(b) Other prosthesis Y ☐ N ☐ Please state

If the answer to 20(a) above is in the affirmative it must be removed
Please state by whom?

NOTE: CREMATION MAY BE REFUSED OF CERTAIN PROSTHESIS ARE NOT REMOVED.

If the answer to 20 (a) above is in the affirmative it must be removed
Please state by whom?

N.B. HAVE YOU SIGNED THIS FORM?
N.B. THE DOCTOR SIGNING THIS FORM MUST BE FULLY REGISTERED ON THE IRISH MEDICAL REGISTER i.e. Post intern Year.

NOTE This Certificate should be returned to the funeral director to be to arrive no later than 3.00pm on the day prior to Cremation.

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CORONERS **CERTIFICATE** FOR CREMATION

PLEASE PRINT IN BLACK PEN ONLY

I certify that:-
I am satisfied that there are no circumstances likely to call for a further examination of the deceased.

PARTICULARS OF DECEASED PERSON

Full Names

Sex

Age

Date of death

Place of death

Please insert name here in block capitals

Signature

Coroner for the _____ of _____

Date

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AUTHORITY TO **CREMATE**

PLEASE PRINT IN BLACK PEN ONLY

Whereas application has been made for the cremation of the remains of

Name:

Address:

Occupation or description:

And whereas I have satisfied myself that all the requirements laid down by Glasnevin Crematorium Limited have been complied with, that the cause of death has been definitely ascertained and that there only exists no reason for any further inquiry or examination.

I hereby authorise Glasnevin Crematorium Limited to cremate the said remains.

(Signature)

Medical Referee to Glasnevin Crematorium Limited

Date

Comment

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DISPOSAL OF **CREMATED REMAINS**

PLEASE PRINT IN BLACK PEN ONLY

Deceased Name:

Location of Cremated Remains: ☐ Glasnevin ☐ Newlands Cross

Disposal of cremated remains: (please provide details)

Declaration

I

of

Having completed Form B (Application for Cremation) or been nominated by the applicant to collect on their behalf, for the above named deceased, do hereby acknowledge receipt of and accept full responsibility for the urn containing the cremated remains from Glasnevin Crematorium Ltd.

Signed:

Date: