

CREMATION No.:

GWENT CREMATORIUM
TREHERBERT ROAD, CROESYCEILIOG, CWMBRAN, TORFAEN NP44 2BZ
TEL & FAX 01633 482784

CHANGE OF INSTRUCTION FORM

I,
(full name of Applicant)

of
(address of Applicant)

confirm that as of (date) I now wish to change the instructions regarding the disposal of the cremated remains of:-

.....
(Full name of deceased)

To the following:

<p>Hold for four weeks pending a decision:</p> <p>.....</p> <p style="text-align: right;">Signature of Applicant/Funeral director</p>
<p>Inter in the Garden of Remembrance:</p> <p>As near as possible to (Full name)</p> <p>Who died on (date)</p> <p>.....</p> <p style="text-align: right;">Signature of Applicant/Funeral Director</p>
<p>Placed in a Sanctum 2000 burial vault:</p> <p>.....</p> <p style="text-align: right;">Signature of Applicant/Funeral Director</p>
<p>To be collected:</p> <p>.....</p> <p style="text-align: right;">Signature of Applicant/Funeral Director</p>

Authority for the disposal of cremated remains should be given by the Applicant. Where the Funeral Director signs on behalf of the Applicant, he/she must accept full responsibility.