Carnamuggagh, Letterkenny, Co. Donegal

Tel: 074 91 20449

Email: info@lilyhillcrematorium.ie

Funeral Director Confirmatory Order Form

Funeral Director: _____ Telephone:_____

Address:_____ Email:_____

Name of deceased: _____ Age:_____ Sex: _____

Date of death: _____

Address:_____

_____

Place of death (if different form above):_____

_____

Cremation to take place: _____ Day: _____ Date: _____ Time: _____

Cremations from out of state (including Northern Ireland) MUST provide a completed verification of infectious disease status form.

Please note:

- Funeral directors must respect allocated time slot
- Funeral directors are required to contact the crematorium 30 minutes before scheduled arrival to ensure there are no issues either at the Crematorium or with the Funeral Cortège which may impact the scheduled service time.
- All forms are to be completed in legible block capitals
- Ashes of the deceased are returned to Funeral Directors or available for collection, with prior arrangement.

If the deceased has any of the below **implants**, these **MUST BE REMOVED** as they will damage the cremator while cremating:

Heart Pacemaker **Defibrillator** **Other electronic device** **Brain Implant**

Fixion Implant **Baclofen Pump** **Artificial Limb** **Other** **Note:**

Cremation may be REFUSED if any of the above implants are not removed!

No batteries, bottles, alcohol, electronic devices or glass permitted in the coffins as these will also damage the cremator. If the coffin is longer than 7ft, wider than 30 inches or more than 20 inches in height, please contact the crematorium to see if the coffin is suitable for cremating.

No cardboard coffins, plant based coffins or coffins with pitch inside are accepted for cremation.

I hereby certify that I have complied with all regulations laid down by Lily Hill Crematorium:

Signature of Funeral Director: _____ Date: _____

Form B

Forms to be sent to **info@lilyhillcrematorium.ie** or **delivered to Lily Hill Crematorium** as soon as possible

This form is issued by Lily Hill Crematorium, Letterkenny, Co. Donegal. Tel: 074 91 20449

APPLICATION FOR CREMATION BY EXECUTOR OR NEAREST NEXT OF KIN

ALL QUESTIONS MUST BE ANSWERED

The applicant must be over 18 years of age and have the legal authority to make the application

(Name of Applicant) _____ Mr./Mrs./Miss

i.e. Next of Kin (NOK) or Executor

(Address) _____

_____

apply to Lily Hill Crematorium to undertake the cremation of the remains of:-

(Name of Deceased) _____

First Name in full

(Address) _____

_____

Age _____ Sex _____ Married Single Separated Divorced Widow/er

at Lily Hill Crematorium. on _____

The answers must be completed by the applicant who has legal authority to do so.

1. (A) Are you an **Executor** or **NOK** of the deceased?

If you are the NOK, please state your relationship to the deceased.

_____

(B) If answer is **NO**, please state the reasons why you are making the application.

_____

2. Have all immediate family members been made aware of the cremation taking place? _____

3 Has the deceased been fitted with any artificial implant? If YES, please specify.

If the deceased has any of the below implants, these must be removed as they will damage the Cremator whilst Cremating.

(a) Heart Pacemaker **(b) Defibrillator** **(c) Other Electronic Device**

(d) Brain Implant **(e) Fixion Implant** **(f) Baclofen Pump** **(g) Other**

NB! No batteries, bottles, alcohol, electronic devices or glass permitted in the coffin as these items will also damage the cremator whilst cremating. Any residual metals (i.e. coffin nails, body implants) following cremation are recycled. Monies received from this recycling programme are donated to Local Charities.

NOTE: CREMATION MAY BE REFUSED IF ANY DAMAGING IMPLANT IS NOT REMOVED

NB! THE CREMATION ASHES OF DECEASED MUST BE COLLECTED NO LATER THAN 1 MONTH AFTER THE CREMATION SERVICE.

I declare that to the best of my knowledge and belief the information given in this, is correct and no material in 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)* _____

_____

(Address)

Please print name: _____

Form C

This form is issued by Lily Hill Crematorium, Letterkenny, Co. Donegal. Tel: 074 91 20449 Email:info@lilyhillcrematorium.ie

These Certificates are to be returned to the Funeral Director or Crematorium **AS SOON AS POSSIBLE**

DEAR DOCTOR, PLEASE READ BELOW VERY CAREFULLY

Before you begin to answer this form, please note that you must fulfil all the criteria below first:

(a) You must have at least some knowledge of the deceased's medical history.

(b) You must have seen the deceased before death, within 4 weeks of death.

(c) You must have seen the deceased after death.

(d) You must be fully registered on the Medical Register of Ireland i.e. Post-Intern year

(e) You must report the death to your Coroner, if applicable.

If you do not fulfil ALL of the above criteria, then STOP! You cannot continue. Please contact the Funeral Director immediately

Medical Certificate

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

(Name of Deceased) _____ (Age) _____

(Address) _____

_____

HAVING SEEN AND IDENTIFIED THE BODY 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	)	(a) Yes / No _____
	(b) If YES, for how long?	)	(b) _____
2.	(a) Did you attend the Deceased during his or her last illness	)	(a) Yes / No _____
	(b) If YES, for how long?	)	(b) _____
3.	When did you last see the Deceased alive?	)	(Date) _____
4.	How soon after death did you see the body?	)	_____
5.	Date of Death?	)	Date _____
6.	Place of death?	)	_____

Forms to be sent to **info@lilyhillcrematorium.ie** or **delivered to Lily Hill Crematorium** as soon as possible

11. (a) Have you any reason to suspect that the death of the Deceased should properly be reported to the Coroner?) (a) Yes / No _____

(b) If YES, have you or anybody else done so?) (b) Yes / No _____

What was the outcome of the discussion _____

_____

_____

12. Have you any reason whatever to suppose a further examination of the body to be desirable?) Yes / No _____

_____

13. (a) Did you sign the medical Certificate of the Cause of Death?) (a) Yes / No _____

(b) If NO who has signed?) (b) _____

14. (1) Has the Deceased been fitted with

(a) A Heart Pacemaker / Defribulator) (a) Yes / No _____

(b) Other Electronic Device) (b) Yes / No _____

(c) Brain Implant) (c) Yes / No _____

(d) Fixion Implant) (e) Yes / No _____

(e) Baclofen Pump) (f) Yes / No _____

(f) Other) (f) Yes / No _____

(2) If the answer to any of the above is in the affirmative, has this implant been removed?) (2) Yes / No _____

NOTE: CREMATION MAY BE REFUSED IF ANY ARTIFICIAL IMPLANT IS NOT REMOVED AS THEY WILL DAMAGE THE CREMATOR

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

Name: _____ Signature: _____

(please insert name here in block capitals). Date: _____

Address: _____

_____ Telephone No: _____

Registered Qualification _____ Medical Registration No _____

YOUR COMPLETION OF THIS FORM C WILL BE DEEMED VOID IF YOU ARE NOT FULLY REGISTERED ON THE MEDICAL REGISTER OF IRELAND I.E. POST INTERN YEAR

Form D

CORONER'S CERTIFICATE FOR CREMATION

I certify that: -

I am satisfied that there are no circumstances likely to call for further examination of the body.

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 _____

If the deceased has any of the below implants, these must be removed as they will damage the Cremator whilst Cremating.

(a) Heart Pacemaker **(b) Defibrillator** **(c) Other Electronic Device**

(d) Brain Implant **(e) Fixion Implant** **(f) Baclofen Pump** **(g) Other**

NOTE: CREMATION MAY BE REFUSED IF ANY ARTIFICIAL IMPLANT LISTED ABOVE IS NOT REMOVED

Note: This Certificate is issued for the purpose of cremation only and must be delivered to the Funeral Director or Lily Hill Crematorium as soon as possible.

The Cremation cannot be proceeded with unless this Certificate is so delivered.

Lily Hill Crematorium contact details:

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