



FOUNDED IN 1828

GLASNEVIN TRUST

CREMATION OF **BODY PARTS APPLICATION**

Body parts means material consisting of, or including, human cells from a deceased person or stillborn baby.

This form can only be completed by a person who is at least 16 years of age.

Please complete this form in full, if a part does not apply enter 'N/A'.

If your application is about a stillborn baby, replace the words 'person who has died' throughout this form with the words 'stillborn baby'.

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: **Your Details (The Applicant)**Name: Address: Telephone: **Details of the person who has died**

In the case of a stillborn baby who has not been given a name, in place of the name please use Hospital Registration Number.

Full Name: Address: Age at date of death: Sex: Male female Status: Married/Civil Partnership Widow/Widower/Surviving Civil Partner Single **The Application**Are you a near relative or an executor of the person who has died? Y N

Near relative means the widow, widower or surviving civil partner of the person who has died, or a parent or child of the person who has died, or any other relative usually residing with the person who has died, or a parent of a stillborn baby.

If No, please give nature of your relationship and explain why you are making the application rather than a near relative or an executor:



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Is there any near relative(s) or executor(s) who has not been informed of the proposed cremation? Y N

If yes, please give the name(s) and the reason(s) why they have not been contacted.

Has any near relative or executor expressed any objection to the proposed cremation? Y N

If yes, please give details:

What was the date and place of the death or stillbirth?

Date:

Address:

Please give the name and address of the cemetery, churchyard or crematorium where the body of the person who has died was buried or cremated.

Please give the date that the burial or cremation took place

Please state whether the body parts were removed from the body of the person who has died at a :

Coroner's post mortem examination

Hospital post mortem examination

Other (please specify)

Do you consider that there should be any further examination of the remains of the person who has died Y N

If yes, please give reasons below:

Statement of truth

I apply for the following body parts of the person who has died to be cremated and I certify that I am at least 16 years of age.

Specify body parts to be cremated

I believe that the facts given in this application are true. I am aware that it is an offence to wilfully make a false statement with a view to obtaining the cremation of any human remains.

Print your full name

Signed

Date