

DAVID CRYMBLE & Sons

FUNERAL DIRECTORS
& MEMORIAL MASONS

First Call

Caller's Name:	
Caller's Phone No:	Mob:
Relationship to the deceased:	

Name of Deceased:	Age:
Place of Death:	
Deceased Address (if different from above)	
Date of Death:	Death Cert. Issued: YES / NO / WHEN
Doctor's permission to remove deceased:	YES / NO / WHEN
Doctors Name:	Surgery:

Burial / Cremation:

If Cremation – has Hospital/Doctor been informed

Officiant

Minister/Officiant:	
Church/Other	

When arrangements are to be made:

Date of Call:	Time:
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T. 028 9066 7784
E. info@crymbleandsons.com
Crymbleandsons.com

139 Upper Lisburn Road, Belfast, BT10 0LH
330-332 Woodstock Road, Belfast, BT6 9DP

AN INDEPENDENT
FAMILY COMPANY
David, Joy & Andrew Crymble



'Our God will take care of everything you need.' Phil 4:19

Funeral Arrangements for: Title/Mr/Mrs/Miss/Ms



DECEASED DETAILS:

ADDRESS _____

POSTCODE _____ OCCUPATION _____

MARITAL STATUS _____ DENOMINATION _____

DOB _____ MAIDEN NAME _____

POB _____

CLIENT _____

ADDRESS _____

POSTCODE _____

T: _____ M: _____

OCCUPATION _____

RELATIONSHIP TO DECEASED _____

N.O.K. _____

ADDRESS _____

POSTCODE _____ T: _____

OCCUPATION _____

RELATIONSHIP TO DECEASED _____

MEDICAL CERT / Cause of Death issued Y / N

PRO - FORMA LETTER - Y / N EMBALMING Y / N

CORONERS/POSTMORTEM - Y / N PACEMAKER Y / N

GP: _____

Doctor Address T: _____ £

Doctor Address T: _____ £

CREMATED REMAINS

CEMETERY GRAVE New / Reopen Sec: No.

Owner _____

Persons Interred & Dates _____

Will this be the last burial in Grave? Y/N

Existing Memorial? Y/N

COFFIN/TYPE URN

COFFIN NOTES

Coffin Plate to read _____

Deceased to be Dressed in own clothes Y / N

Who died at _____

On _____ Age _____

MINISTER: _____ T: _____

The Funeral to take place on _____

Leaving from _____

At _____

Service at _____

At _____

The Service of Committal at _____

At _____

Returning after the church to _____

A hearse and _____ Limousines to be provided

ORGANIST Required Y / N

Name _____ T: _____

Order of Service Y / N

Floral Tribute Y / N

Details: _____

CATERING

DONATIONS

NEWSPAPERS

MEMORY BOOK Yes / No

DEATH CERT _____ COPIES

DEATH CERT. REF _____

CLIENT SIGNATURE _____

DATE _____

FUNERAL ARRANGER _____

Details Required for Registration of a Death

Official Use Only		Please read our privacy notice to see how we use and protect your personal information at www.finance-ni.gov.uk/publications/nisra-privacy-notice
Entry No: D _____	No of Certs Issued: _____	
Date Registered : ____ / ____ / ____		

- Please read the guidance notes before completing this form.
- This form should be completed in CAPITAL letters and handed to the Registrar. Postal Applications cannot be accepted.

Details of Informant Name and address of person registering death	330 Woodstock Road, Belfast		Postcode BT6 9DP
	Tel No 028 90667784	Email	
Relationship of Informant	Funeral Director		

Details of Deceased

Title		First Forename		Other Forename(s)	
Surname			Maiden Name		
Sex	Male/Female	Status: Single, Married/Civil Partner, Widowed/Surviving Civil Partner, Divorced/Civil Partnership dissolved (<i>delete as appropriate</i>)			
Date of Death	/ /	Place of Death			
			Postcode		
Date of Birth	/ /	Place of Birth			
Usual Address	(if different from place of death)				Postcode
Occupation of Deceased				Retired	Yes / No
If applicable, please give the following details of spouse or civil partner					
Forename(s),			Surname		
Maiden name (if applicable)			Occupation / Previous Occupation	Retired	Yes / No

Please also provide the Name and Address of Deceased's GP

	Postcode

The following section must be completed if the deceased is a child under the age of 16. However, you may also wish to have the following details recorded for genealogical purposes.

	Mother	Father/Second Female Parent
Forename(s) & Surname		
Maiden Name		
Occupation		

Declaration

I confirm that the information given on this form is correct

Informant's Signature _____

Please note: The Registrar will complete the registration with the details you have provided on this form.

You will then be asked to check and sign the registration. The registration is the legal record of the death and you should only sign when you are satisfied that the details are correct.

For office use only

Cremation number: _____

Antrim and Newtownabbey Crematorium

Applicant's Instruction to Crematorium

Part 1: Full name of deceased: _____

Part 2: Applicants details

Name: _____

Address: _____

Postcode: _____

Telephone number: _____

Email: _____

Date: _____

We are collecting information from you for the purposes of cremation administration. This is in accordance with section 6(1)(b) of the GDPR – Processing is necessary for the performance of a contract with the data subject or to take steps to enter into a contract. Information collected may be shared with other departments within the Council. Information will not be transferred to countries outside the EEA. All information collected and processed may be subject to audit. The Council may also process the information for research purposes carried out in the public interest. All information will be held in accordance with the Council's retention and disposal schedule (see antrimandnewtownabbey.gov.uk/Council) and will be disposed of securely when no longer required. You have a number of rights with regard to data we hold on you – for further information see the Information Commissioner's website <https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/individual-rights/>

If at any point you believe the information we process on you is incorrect you can request to see this information and even have it corrected or deleted. If you wish to raise a complaint on how we have handled your personal data, you can contact our Data Protection Officer who will investigate the matter: Data Protection Officer Antrim Civic Centre, 50 Stiles Way, Antrim, BT41 2UB T. 028 94 463113 E. DPO@antrimandnewtownabbey.gov.uk

If you are not satisfied with our response, or believe we are not processing your personal data in accordance with the law, you can complain to the Information Commissioner's Office (ICO).

Name of deceased: _____

Part 3: Cremated Remains

This section is used to record what will happen to the cremated remains after the cremation. The term cremated remains means the material (other than any metal) to which human remains are reduced by cremation, including the coffin and any clothing.

A. Collection by the applicant or their representative.

Name of the applicant or their representative: _____

Where applicable; address of representative: _____

We will give you the cremated remains in a standard biodegradable urn. You can collect these from 2pm the next working day following the cremation service. You must show photographic identification when collecting cremated remains.

B. Collection by Funeral Director who arranged the cremation.

After the cremation, we will hold cremated remains in the Crematorium for a maximum of 12 weeks from the date of cremation.

Part 4: Environmental Policy

A. Consent for disposal of metals remaining after cremation.

Please tell us how you want to dispose of metals recovered following cremation ferrous metals used in the construction of the coffin, metal used in medical implants and non-ferrous metals which may include an unrecognisable element of precious material will be recycled for charitable purposes through the Institute of 'Cemetery and Crematorium Management Recycling of Metal Following Cremation Scheme'. If you want to dispose of the metals in any other way, please tick the box below and metals will be returned to you with the cremated remains.

Soft metals (such as gold and silver) melt into tiny globules and combine with the cremated remains. These cannot be returned separately. We recommend that precious metals in the form of jewellery are not cremated with the deceased.

Only tick if you need all metal residues recovered following cremation returned to you.

B. Holding over

In accordance with the Code of Cremation Practice, Antrim and Newtownabbey Crematoriums policy allows for the holding over of the coffin. We will carry out all cremations within 24 hours after the funeral service.

In circumstances where we are required to hold over without consent, we will inform the applicant via the Funeral Director.

Only tick if you do not consent to holding over.

Applicant's signature:

Name of deceased: _____

Part 5: Coffin information

Coffin Accreditation Number: _____

Combined Weight of Coffin and Deceased: _____
*Please read Guidance for funeral directors when completing the combined weight section.
Maximum combined weight is 254 kg.*

Length of Coffin: _____

Width at Shoulder: _____

Depth of Coffin: _____

Additional Control Measures: _____

For office use only:

Requirements for the coffin and contents

Identification

The Funeral Director must ensure that coffin has a nameplate bearing the full name of the deceased, which shall be checked by the Crematorium Officer before entry into the Ceremony Room. Any variation from the Application for Cremation details will require the submission of a written declaration before the cremation can proceed.

Weight/Dimensions

The maximum permitted weight of the coffin, including all fittings is 254 kg. The maximum dimensions of the coffin, including all fittings, shall not exceed 83 inches in length, 36 inches in width or 21.5 inches in depth. Any coffins that exceed 254 kg or any of these dimensions will not be accepted for cremation.

Coffin Accreditation

The coffin must be certified suitable for cremation in accordance with The Funeral Furnishing Manufacturers Association (FFMA) or The Coffin, Casket and Shroud Association (CCSA).

Contents of coffin

In order to minimise the release of pollutants to air, it is recommended that clothing should be of natural fibres such as cotton, linen and wool, whereas shoes or any material manufactured from PVC should not be included. Additional items, particularly of glass or plastic must not be placed in the coffin due to particulate emissions during combustion within the cremation process. No other cremated remains (human or pet) should be placed within the coffin.

Name of deceased: _____

Guidance for funeral directors when completing the 'combined weight' section

It is recommended that funeral directors should take steps to obtain access to suitable weighing equipment as soon as possible. However, in the event that suitable weighing equipment is not available, an estimated weight should be provided. This can be obtained provided that, the deceased person is in your care prior to the cremation form being sent to the cremation authority; you are able to provide a useful estimate based on the information available to you; and you are able to get the information from the client (considering the likelihood of causing upset to your client). When providing an estimated weight, it is important that the fact that it is an estimation rather than an accurate reflection of the combined weight is made clear. It is recommended that the funeral director writes the words "estimated weight" next to the estimated figure.

Please enter combined weight in kg: _____

On arrival at Antrim and Newtownabbey Crematorium, crematorium officers may decline the acceptance of the coffin, if it does not comply with these requirements.

Funeral Director (to be completed by the funeral director if services are used)

Name: _____

Address: _____

Telephone: _____

I have read and agree to abide by the requirements for the coffin and contents

Date (DD/MM/YYYY): _____

Form A

For office use only

Cremation number: _____

Application for Cremation

REGULATIONS MADE BY THE MINISTRY OF HEALTH AND LOCAL GOVERNMENT UNDER SECTION 7 OF THE CREMATION ACT, 1902, AS APPLIED BY SECTION 26 OF THE BELFAST CORPORATION (GENERAL POWERS) ACT (NORTHERN IRELAND), 1948

This application should be made by an executor or nearest relative whenever practicable.

Name of applicant: _____
Surname first, other names in full

Address: _____

Occupation: _____

apply to the

Insert name and address of Cremation Authority: _____

to undertake the cremation of the remains of

Name of deceased: _____
Surname first, other names in full

Address: _____

Occupation: _____

Age: _____ Sex: _____

Whether married or in a Civil Partnership, surviving spouse or Civil Partner or single (never married or never having formed a civil partnership) _____

All the questions should be carefully read and answered.

The true answers to the questions set out below are as follows:-

1. Are you an executor or the nearest relative of the deceased? (State which and if the nearest relative show relationship).
2. If you are not an executor or nearest relative, state
 - (a) Your relationship to the deceased.
 - (b) The reason why the application is made by you and not by an executor or any nearer relative.
3.
 - (a) Did the deceased leave any written directions as to the mode of disposal of his or her remains?
 - (b) If so, what?
4. Have the near relatives of the deceased been informed of the proposed cremation?

Regulation 6 forbids cremation where the deceased has left written directions to the contrary.

Name of deceased: _____

The term "near relative" as here used includes, surviving spouse or civil partner, parents, children above the age of 16, and any other relative usually residing with the deceased.

- 5. Has any near relative of the deceased expressed any objection to the proposed cremation? If so, on what ground?
- 6. What was the date and hour of the death of the deceased?
- 7. What was the place where the deceased died? (*Give address and say whether own residence, lodgings, hotel, hospital, nursing home, etc.*)
- 8. Do you know or have 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; (e) any cause other than natural illness or disease for which he or she had been seen and treated by a registered medical practitioner within 28 days prior to death?
 - A. No
 - B. No
 - C. No
 - D. No
 - E. No
- 9. Do you know or have any reason to suspect that the death of the deceased occurred while he or she was under an anaesthetic?
- 10. Do you know any reason whatever for supposing that an examination of the remains of the deceased may be desirable?
- 11. Give name and address of the ordinary medical attendant of the deceased.
- 12. Give names and addresses of the medical practitioners who attended deceased during his or her last illness.

Declaration by Applicant

THIS DECLARATION MUST BE MADE BEFORE A JUSTICE OF THE PEACE OR A COMMISSIONER FOR OATHS

I do hereby solemnly and sincerely declare that all the particulars stated above are true, and that to the best of my knowledge and belief no material particular has been omitted; and I make this solemn declaration conscientiously believing the same to be true and by virtue of the Statutory Declaration Act, 1835.

Signature: _____

Declared at: 139 Upper Lisburn Road, Belfast, BT10 0LH

the _____ day of _____ before me.

Signature: George Teggan

Description: JUSTICE OF THE PEACE

Application to buy exclusive right of burial in a private grave



Belfast City Council

Please use BLOCK LETTERS and black ink.

Applicant details:

Title:	Forename(s):	Surname:
Address:		
Postcode:		

For office use only:	
FD:	
Grant number:	
Registration and page number:	
Charge: £	
Burial order number:	
Resident or non-resident:	
Grave type: A B C	

Grave details:

Cemetery:		
Section:	Class:	Number:

I understand that this application is subject to approval by Belfast City Council and that, if approved:

- 1) A formal document will be issued to record approval,
- 2) The grave will be issued in the applicant's name,
- 3) The approval will be subject to the usual Belfast City Council cemetery regulations and the Burial Ground Regulations in force,
- 4) Belfast City Council cannot give any guarantee on the number of burials which the space can accommodate.

I confirm that I am applying to buy exclusive right of burial in the grave space detailed above and I understand the conditions listed above.

Applicant signature (or Applicant's representative):	Date:
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Privacy notice 1: Where the lawful basis is legal obligation or public task

Belfast City Council is the Data Controller under the General Data Protection Regulation (GDPR) for the personal data it gathers for the purposes of providing a burial and cremation service. You are providing your personal data to the Council whose lawful basis for processing is for compliance with a legal obligation under the following legislations Burial Grounds Regulations (Northern Ireland) 1992 and Statutory Rules and Orders (N.I.) 1961, No 61 Cremation, Northern Ireland / for the performance of a task carried out in the public interest or in the exercise of official authority. The personal data may be shared internally within the Council with staff who are involved in providing this service and where necessary, between internal departments with the purpose of supporting an effective

delivery of service. Your personal data will not be shared or disclosed to any other organisation without your consent, unless the law permits or places an obligation on the BCC to do so. The personal data is held and stored by the Council in a safe and secure manner and in compliance with Data Protection legislation and in line with the Council's Records Retention and Disposal Schedule. If you have any queries regarding the processing of your personal data, please contact Bereavement Services at Cecil Ward Building, 4-10 Linenhall Street, Belfast BT2 8PB, telephone number 028 9027 0296 or send an email to cemeteries@belfastcity.gov.uk. If you wish to contact the Council's Data Protection Officer, please write to Belfast City Council, City Hall Belfast, BT1 5GS or send an email to records@belfastcity.gov.uk

Burial or cremation information form



Belfast
City Council

Please complete all sections.
Forms should be faxed on the day of booking or before 10am the following day to 028 9050 2098.
Alternatively you can email the form to cemeteries@belfastcity.gov.uk.

Burial or cremation (please specify):	Roselawn / Dundonald / City Glenaline / Crematorium (Circle as Applicable)
Date and time of funeral:	
Name of deceased:	
Length of coffin:	Please note maximum length permitted for cremation is 83 inches
Width at shoulder:	Please note maximum width permitted for cremation is 32 inches
Depth of coffin:	
Combined weight of coffin and deceased:	Under 15st 95(kg) [] 15.0st - 17.13st 95 - 114(kg) [] 18.0st - 19.13st 115 - 127(kg) [] 20.0st - 21.13st 128 - 140(kg) [] 22.0st - 24.13st 141 - 159(kg) [] 25st and over 159kg (please specify) []
Additional control measures:	

DAVID CRYMBLE & Sons

FUNERAL DIRECTORS
& MEMORIAL MASONS

Date: _____

Account Ref. _____

NAME OF DECEASED	
NOK	
PERSONAL EFFECTS	
Items to be removed/returned to family (/ /)	
Return Date:	
NOK	FUNERAL DIRECTOR
Signature	Signature

