

Service Arrangement Form

Please send by email to lakeview@eastcambs.gov.uk 3 working days prior to the service. All cremation paperwork including a copy of the Green Certificate must be received at the office no later than 9am 3 working days prior to the cremation.

Date of service **Day of service** **Time of service**

Service type

☐ Cremation ☐ Burial ☐ Double service ☐ Under 18
☐ Memorial ☐ Committal ☐ Unattended ☐ Overseas certificate

Witness charge

☐ Yes ☐ Secure viewing
☐ No (Witness charge live stream also available. Please notify the office)

Confidential service

☐ Yes (Confidential services means that no details of service will be shown or shared with any person enquiring)
☐ No

Full name

Name to appear on the chapel screen and floral card (if different above)

Date of death **Age last birthday** **Date of birth**

Special instructions

☐ Ashes next day ☐ Return of metals ☐ Coffin in situ ☐ Religious symbol displayed
☐ Celebrant/officiant ☐ Use of wheeled bier ☐ Wheelchair user/users ☐ Pets attending
☐ Family led Denomination ☐ Horse-drawn hearse

Our main chapel comfortably seats up to 120 people in its standard arrangement and can be extended into the foyer to accommodate a further 12 guests.

Large attendance – expected number **Lobby partition to be open for large services** ☐

Additional requests/specific coffin requirements

For further information please see our Instructions for Funeral Directors.

Media requirements

Music and Visual Tributes supplied by Obitus, see www2.obitus.com or call 03333447440. All requirements must be received by Obitus 3 days prior to the service.

Will the service include any of the following:

☐ Webcast ☐ Single halo image ☐ Visual tribute

Instructions of ashes

Please indicate your chosen instruction for the ashes on the **Cremation Form 1**.

Unwitnessed scattering

Ashes will be respectfully scattered by a member of the team within the designated scattering area approximately two weeks after the service. Once scattered, ashes cannot be recovered.

Witnessed scattering

If you would like to be present when the ashes are scattered, please contact the office to arrange a suitable date and time.

Collection by the applicant or a nominated person

Please contact the office to arrange an appointment. The person collecting the ashes must bring photographic identification (e.g. passport or driving licence). Only one person may be nominated to collect the ashes.

Temporary holding of ashes

Ashes can be held at Lake View Bereavement Centre free of charge for one month from the date of cremation. After this time, storage fees may apply in line with our fees and charges. If ashes remain uncollected after four months, the crematorium reserves the right to scatter the ashes within the designated area of the grounds.

Change of instructions

Any change to the instructions given on Cremation Form 1 must be confirmed in writing and signed by the Applicant for Cremation.

Request of ash container (chargeable)

- | | |
|---|--|
| ☐ Ashes split (additional ash box) | |
| ☐ Scatter tube size | ☐ Style |
| ☐ Quantity of token ashes | ☐ Wooden casket |

Applicant details

Title		Full name	
Relationship to deceased		Email	

Lake View Bereavement Centre holds memorial events throughout the year to offer families an opportunity to remember and reflect on the lives of their loved ones. If you would like to be contacted via letter or email regarding our events and memorial options, please tick one of the following.

- ☐ Email ☐ Letter

Applicant declaration

On occasions, where necessary Lake View Bereavement Centre reserves the right to hold over the deceased in a safe, secured location following the cremation service, with the cremation taking place the following morning. In the unlikely event of a cremator failure, it may be necessary for the cremation to take place at a nearby crematorium in order to comply in accordance with the Guiding Principles for Cremation issued by the Institute of Cemetery and Crematorium Management (ICCM) the cremation should commence no later than 72 hours after the service of committal.

I, the applicant, acknowledge and accept that, in such circumstances, the cremation may take place at an alternative nearby crematorium.

Signature of the applicant		Dated	
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Crematorium office use only

Cremation number	
Admin info	☐ Medical certificate inspection ☐ Pacemaker