

Cambridge Bereavement Care Services
Preliminary Funeral/Memorial Service Instructions
“To Create a True Memory Picture of the Person Who Lived”

This form when complete must be delivered together with the Interment Form and the disposal certificate (or in case of an Inquest with Cremation Form 6) to the Crematorium **by 1 pm** three working days prior to the interment

Name of Deceased (In full):

Service: Full Committal Other **Funeral Director:**

Day of Service: Date: At:am/pm.

Huntingdon Road: East Chapel West Chapel Newmarket Road Chapel

Music: **The service duration is strictly for 30 minutes, for longer services we can offer a double service**

	Hymn or Track Title	Artist and/or Composer Own Organist: <input type="checkbox"/> No Choir: <input type="checkbox"/>
Enter		
Hymn / Track		
Reflection/ Committal		
Hymn/Track		
Leave		
Name of Officiant:		

At Committal are curtains and voiles: Both to be left open Voiles only closed

Curtains only closed Both to be closed

Display Religious symbols: Yes No Display Candles: Yes No Lit

Remove Chapel flowers: Yes No Service Sheets: Yes No

Donation box required? Yes No Framed Charity notice required? Yes No

Recording of Service required? CD DVD Webcast Quantity of CD's/DVD's:

Are the following required? Bearer: Yes No Visual Tributes: Yes No

Display Items: Yes No Customs letter: Yes No

Name to appear on Chapel Lists/Floral Tribute Cards:

Special Instructions:

Age last birthday: Date of Birth: Date of Death:

Denomination: / None

Data Protection: The Cambridge City Council will use the information you have provided on this form for cremation administration purposes and to give you information about memorials. You have the right to see the information held about you and to have any inaccuracies corrected. By submitting this Funeral Instructions Form you will be indicating your consent to receiving memorial information from us, unless you have indicated an objection to receiving such information by ticking this box

If you do not wish to receive information and literature on our upcoming events, such as our annual candlelit service and open days, please tick this box

Applicant Full Name (Mr Mrs Miss Ms Other).....

Applicants Signature..... **Date**.....

Cambridge City Crematorium, Huntingdon Road, Cambridge CB3 0JJ
Email: bereavementservices@cambridge.gov.uk Tel: 01223 458000

