

# Mount Jerome Crematorium

158 Harold's Cross Road, Dublin D6W HY98

Telephone: 01 4971269 Fax: 01 4960994

Email: [medref@mountjerome.ie](mailto:medref@mountjerome.ie)

## BODY ORGAN CREMATION FORM

### Deceased Details

Name of Deceased whose body organ(s) is to be cremated .....

Address .....

Place of Death .....

Age ..... Sex ..... Religion ..... Date of Death .....

Married ☐ Single ☐ Separated ☐ Divorced ☐ Civil Partner ☐ Widow/er ☐

Please state the name the cemetery or crematorium where the full remains of the deceased was buried or cremated

.....

Cremation to take place: Day ..... Date .....

Is a Funeral Director organising this cremation? Yes/No ..... If so, what is the name of the Funeral Director

..... Phone No .....

### Applicant Details

Name of Applicant ..... Phone No .....

Address .....

(1) Are you the executor or the nearest surviving  
relative (NSR) of the deceased? Please state which .....

(2) If you are the NSR, please state your  
relationship to the deceased? .....

(3) If your answer to 1 is "No":  
(a) Your relationship to the deceased .....

(b) The reasons why this application is  
made by you and not the executor or NSR .....

(c) Has the NSR of the deceased been  
informed of the proposed cremation? .....

### Mode of Disposal Details

(1) Small metal urn for scattering Yes ☐ No ☐

(2) Supplied urn Yes ☐ No ☐

**Ashes are available for collection 4 working days after the organ(s) have been received by Mount Jerome crematorium.**

### Hospital Documentation

(1) Hospital patient number .....

(2) Hospital post mortem / autopsy number .....

(3) Hospital medical record number .....

**(4) NB!! Please attach letter of clearance to cremate organ(s) from hospital pathologist / mortuary**

I declare that to the best of my knowledge and belief that the above information given is true and correct.

Date ..... Signature of Applicant .....