



# CREMATION FORM

Request to retain ashes



This form must be filled in by the body donor (i.e. Someone who is donating his or her body) and / or the next of kin of the decease (i.e. The person who is donating their loved one).

I have donated my body to University of Stellenbosch and I would appreciate if you could give my ashes to my loved ones.

**OR**

We have donated the body of our loved one and we would appreciate if you could retain the ashes for us.

### Information of the donor (or the deceased)

Full names \_\_\_\_\_ ID# \_\_\_\_\_

Address \_\_\_\_\_

If deceased, date of death: \_\_\_\_\_ If a body donor, ref. number:   D   / \_\_\_\_\_

### Information of the person who is going to collect the ashes

Full names \_\_\_\_\_ ID# \_\_\_\_\_

Address \_\_\_\_\_

### Contact numbers

Mobile \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_

Emai address \_\_\_\_\_ Relationship of the deceased \_\_\_\_\_

For office use	
Date of cremation _____	Date of communication: _____
Comments _____	
Collection Date _____	Collected by _____
Signature of collector _____	Signature (Anatomy) _____