

# PURE REFLECTIONS RESOMARIUM

## CORONER'S CERTIFICATE FOR RESOMATION

I \_\_\_\_\_ certify that I am satisfied that there are no circumstances likely to call for further examination of the body.

### PARTICULARS OF DECEASED PERSON

Full Name

Sex

Age

Date of Death

Place of Death

(Please insert name here in block capitals)

Signature

Coroner for the  of

Date

**NOTE: RESOMATION DOES NOT REQUIRE ANY ARTIFICIAL IMPLANTS TO BE REMOVED BEFORE THE PROCESS.**

NOTE: This Certificate is issued for the purpose of Resomation only and must be delivered to **the Funeral Director or Pure Reflections Resomarium** as soon as possible. The Resomation cannot be proceeded with unless this Certificate is so delivered.

**Pure Reflections Resomarium Contact Details:**  
**Telephone: 01-969-6990 Email: info@purereflections.ie**