

## APPLICATION FOR RESOMATION BY EXECUTOR OR NEAREST NEXT OF KIN

ALL QUESTIONS MUST BE ANSWERED

*This application should be made preferably by an executor and witnessed by a third party at bottom of this page. If not, then by the nearest surviving relative (NSR).**This application CANNOT be made by a Common Law partner or a friend.*

Name of Applicant: (Mr./Mrs./Miss)	<input type="text"/>	Phone Number:	<input type="text"/>
<i>i.e. Next of Kin or Executor</i>			
Address:	<input type="text"/>		
Email Address:	<input type="text"/>		
I hereby apply to Pure Reflections to undertake the Resomation of the remains of:-			
Name of Deceased:	<input type="text"/>		
Address:	<input type="text"/>		
Age:	<input type="text"/>	Sex:	<input type="text"/>
Religion:	<input type="text"/>		
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/er <input type="checkbox"/> Civil Partner (Same Sex)			
at PURE REFLECTIONS RESOMARIUM on	Day:	<input type="text"/>	Date: <input type="text"/>
			Time: <input type="text"/>

The answers must be completed by the applicant (Executor or NSR only!)

1. Are you an **executor** or the **nearest surviving relative (NSR)** of the deceased? Please state which. If you are the NSR, Please state your relationship to the deceased

2. If answer to 1 is "No"

(a) Your relationship to the deceased (a)

(b) The reasons why the application is made by you and not an executor or nearest surviving relative. (b)

3. Has the nearest surviving relative of the Deceased been informed of the proposed Resomation?  Yes  No

4. Do you know or have any reason to suspect that the death of the deceased was due directly or indirectly to

(a) Violence or misadventure	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Unfair means	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Negligence	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Malpractice on the part of others	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(e) Poison / Alcohol / Drug related	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Any residual metals and body implants following Resomation are recycled. The funds generated from these metals contribute directly to our infant loss program.

**THE HYDROLYZED REMAINS OF THE DECEASED MUST BE COLLECTED NO LATER THAN 1 MONTH AFTER THE RESOMATION SERVICE.**

I declare, to the best of my knowledge, the information given is correct and no material has been omitted.

Date:  (Signature of Applicant) i.e. Executor or NSR 

The applicant is known to me and I have no reason to doubt the truth of any of the information furnished by the applicant.

Date:  (Signature of Witness) Address: Please Print Name:  Date: 

By typing your name above and ticking this box, you agree that this constitutes your digital signature. This digital signature is legally binding and will be treated with the same validity as a handwritten signature.

This form when completed should be sent to the Secretary, Pure Reflections Resomarium, Abbeylands, Navan, Co. Meath C15 X9FK

Email: [info@purereflections.ie](mailto:info@purereflections.ie)