

PRIVATE RESOMATION AGREEMENT

ALL QUESTIONS MUST BE ANSWERED

This contract should preferably be completed by an executor and witnessed by a third party at the bottom of this page. If not, it should be completed by the nearest surviving relative (NSR).

This contract CANNOT be completed by a common law partner or a friend.

Name of Applicant: (Mr./Mrs./Miss)

i.e. Next of Kin or Executor

Phone Number:

Address:

Email Address:

I hereby apply to Pure Reflections to undertake the Resomation for the remains of:-

Name of Deceased:

Place of Death:

Date of Death:

Age:

Sex:

Religion:

Civil Status:

☐ Married

☐ Single

☐ Separated

☐ Divorced

☐ Widow/er

☐ Civil Partner (Same Sex)

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

☐ Yes

☐ No

(b) Unfair means

☐ Yes

☐ No

(c) Negligence

☐ Yes

☐ No

(d) Malpractice on the part of others

☐ Yes

☐ No

(e) Poison / Alcohol / Drug related

☐ Yes

☐ No

5. How would you describe the deceased?

☐ Small

☐ Medium

☐ Large

6. Please specify the location where the deceased passed away:

☐ Same as Place of Death mentioned above

If others, please specify location:

Contact Person's Name:

Contact Number:

7. If the person passed away at home, please specify if they are upstairs or downstairs.

☐ Upstairs ☐ Downstairs

8. Please provide the contact details of the attending doctor:

Name:

Phone Number:

Email Address:

Name of the facility they work at:

9. Would you like to post the death notice on rip.ie?

☐ Yes ☐ No

10. If the answer to 9 is "Yes", please upload the photo of the deceased and the notice message below. Alternatively, you may send them to info@purereflections.ie.

Please Upload Photo:

Notice Message:

11. Please specify whether you prefer to collect the resomated remains (ashes) or if you would like us to hand-deliver them to a location of your choice.

☐ Collection By The Executor or Nearest Next of Kin ☐ Hand-delivery By Pure Reflections

12. If the answer to 12 is "Hand-Delivery By Pure Reflections", please specify the delivery address Eircode below.

13. Please specify your preferred urn choice:

☐ Pure Reflections Wooden Urn Package (Included In Price) ☐ Bespoke Ceramic Urn (€390) ☐ Family Supplied Urn

14. Would you like to arrange a Celebration Of Life service at our chapel? (To hold a Celebration of Life service before the resomation, the deceased must be in a coffin. We offer a loan coffin for €600, the proceeds benefiting our Infant Loss Program. *Please note that the coffin will be closed.)

☐ Yes ☐ No

15. If the answer to 14 is "Yes", please specify your choice of loan coffin:

☐ Solid Wood Coffin ☐ Wicker Coffin

16. If you would like to organize a Celebration of Life service, please take note of the following details:

Digital Pictures/Videos (Videos can be played through our TCL Smart TV at the facility. Please note that the USB stick should be in a FAT32 format to be able to play the video on the TV.)

Music (You may share the spotify playlist below or you may also connect to the Bluetooth speaker at our facility.):

Spotify Playlist Link:

Opening Song Title:

Middle Song Title:

Closing Song Title:

17. Would you like to have the service livestreamed or not?

☐ Live Stream ☐ Do NOT Live Stream

18. Would you like to have your loved one's fingerprint taken for our fingerprint plaque?

☐ Yes ☐ No

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

By signing this agreement, I authorize Pure Reflections to collect the individual named above from their place of death.

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:

☐ 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.

☐ By ticking this box, I confirm that I have read and agreed to the terms and conditions of Pure Reflections.

To ensure smooth and timely arrangements, all services must be paid in advance. The person signing this contract will be responsible for all expenses, including any additional costs due to changes or additions after the agreement.

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

Email: info@purereflections.ie