

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) Phone Number:
*i.e. Next of Kin or Executor*Address: Email Address:

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

Name of Deceased: Address: Age: Sex: Religion: Married Single Separated Divorced Widow/er Civil Partner (Same Sex)at PURE REFLECTIONS RESOMARIUM on Day: Date: Time:

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 (b)
and not an executor or nearest surviving relative.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 |

5. The coffin doesn't go into the machine. The family can decide what they would like to do with it, please indicate:

 Recycle Repurpose Donate

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

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

 Yes No

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

 Live Stream Do NOT Live Stream**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.