

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

**ALL QUESTIONS MUST BE ANSWERED  
PURSUANT TO THE BYE LAWS MADE BY PURE REFLECTIONS.**

*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)**   
*i.e. Next of Kin or Executor*

**Address:**

**Occupation or Description:**

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

**Name of Deceased (First name in full):**

**Address:**

**Occupation:**

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

**3. Has the nearest surviving relative of the Deceased been informed of the proposed Resomation?**

**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. Has the deceased been Embalmed?**

If Yes, Please state on Form A of the Resomation Forms.

The coffin does not go into the machine, the family can decide what they would like to do with it, please indicate  Recycle     Donate     Keep

Any residual metals and body implants following Resomation are recycled. Any money received from this recycling programme are donated annually to charity.

**NOTE: YOU MUST ADVISE US IF THE DECEASED HAD BEEN EMBALMED**

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

**LIVE STREAMING**

There is a large demand to view funeral services over the internet, therefore, funeral services in our Chapel are automatically live streamed. If you wish to OPT OUT of this service option, then please inform your funeral director with this instruction and tick  Do NOT Live Stream Box

I declare that to the best of my knowledge and belief the information given in this, is correct and no material in particular 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:**