



Mount Royal Crematorium
 Crematorium Inc.
 Canada's First Crematorium Founded 1901

1297 Chemin de la Forêt, Outremont, Quebec H2V 2P9
 Tel: (514)279-6540 Fax: (514)279-5368
www.mountroyalcem.com

I _____
(Name in full of applicant)

Address _____
(Street)

(City) (Province) (Postal Code)

Telephone: Residence: _____ Office: _____

Cellular: _____ Email: _____

Apply to **CREMATORIUM INC.** to undertake the cremation of the remains of

(Name in full of deceased including maiden name if applicable)

IDENTIFICATION OF DECEASED

Name in full of spouse (maiden name) _____

Marital Status _____ Sex _____ Age _____

Name of father _____

Name of Mother (maiden name) _____

Place of birth _____

Date of death _____ Birth date _____

Place of death _____

Last Residence _____

Religious Denomination _____

Date and time of funeral service (In the presence of the casket, if applicable) _____

Date of arrival at crematorium (removal, no family) _____

Name of funeral home _____

Funeral Home Representative Responsible for Arrangements: _____

Name(s) and Address (es) of children, next-of-kin and/or Liquidator(s) or executor(s)

(STATE RELATIONSHIP TO DECEASED)

Please answer the following questions:

1. a) Are you the liquidator/executor of the deceased? Yes No
b) If no, please name the liquidator/executor: _____
c) Is the liquidator/executor in agreement with the cremation application? Yes No
d) Are you the nearest surviving relative? Yes No
e) What is your relationship with the deceased? _____
f) The reason why you are making the application and not the liquidation or the nearest surviving relative?

2. Did the deceased leave any written directions as to the mode of his/her disposition? Yes No
If yes, what were the directions?
3. Have the near relatives been informed of the proposed cremation? Yes No
(The term near relative as here used includes widow or widower, parents, children above the age of 16, and any other relative usually residing with the deceased.)
a) Has any near relative expressed any objection to the proposed cremation? Yes No
b) If yes, on what ground? _____
4. a) Do the deceased's remains contain a pacemaker or any other radioactive materials? Yes No
b) If yes, has the funeral director removed such articles? Yes No
c) Do the deceased's remains have jewelry or objects that need to be removed before the cremation? Yes No
If yes, which one and where on the body? _____
5. Do you wish to witness the beginning of the cremation process? (5 minutes) Yes No Initials: _____
6. Do you wish to identify the deceased prior to cremation? (5 minutes) Yes No Initials: _____

Instructions for Disposition

Cremated remains will be placed in a temporary (cardboard) container furnished by the Company or in a special urn of your choice. Such container may be left at the crematorium for a maximum period of thirty (30) days. Instructions as to the disposition of the cremated remains must be received prior to this period. After this period, the Company reserves the right to return the cremated remains to the signing applicant or the application funeral home. All additional fees to be charged to the applicant.

Disposition of the remains following cremation

- a) Mount Royal Cemetery Hawthorn-Dale Cemetery b) specify **Grave/Niche/Crypt** _____
Rights Holder(s): _____
Relationship of **deceased** to **Burial rights holder(s)**: _____
Date of Final Disposition: _____ Time: _____
- c) Released to the applicant d) Released to the funeral director
- e) Released to: _____
(Specify full name and phone number)
- f) Other: _____

I solemnly declare that the answers to the above questions are true and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

Declared before me at _____ **This** _____ **day of** _____ **2** _____

Applicant's Signature _____ Witness _____