PURE REFLECTIONS RESOMARIUM

CORONER'S CERTIFICATE FOR RESOMATION

I certify and am satisfied that there are no circumstances likely to call for further examination of the body.

PARTICULARS OF DECEASED PERSON

| Full Name | | |
|-----------------------------------|-----------|--|
| Sex | | |
| Age | | |
| Date of Death | | |
| Place of Death | | |
| | | |
| (Please insert name here in block | capitals) | |
| Signature | | |
| Coroner for the | of | |
| Date | | |

NOTE: RESOMATION DOES NOT REQUIRE ANY ARTIFICIAL IMPLANTS TO BE REMOVED BEFORE THE PROCESS.

NOTE: This Certificate is issued for the purpose of Resomation only and must be delivered to the Funeral Director or Pure Reflections Resomarium as soon as possible.

The Resomation cannot be proceeded with unless this Certificate is so delivered.

Pure Reflections Resomarium Contact Details: Telephone: 01-969-6990 Email: info@purereflections.ie