

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) <input style="width: 95%;" type="text"/>	Phone Number: <input style="width: 95%;" type="text"/>
<small><i>i.e. Next of Kin or Executor</i></small>	
Address: <input style="width: 95%;" type="text"/>	
Occupation or Description: <input style="width: 95%;" type="text"/>	
I hereby apply to Pure Reflections to undertake the Resomation of the remains of:-	
Name of Deceased (First name in full): <input style="width: 95%;" type="text"/>	
Address: <input style="width: 95%;" type="text"/>	
Occupation: <input style="width: 95%;" type="text"/>	
Age: <input style="width: 40px;" type="text"/>	Sex: <input style="width: 40px;" type="text"/>
Religion: <input style="width: 80px;" type="text"/>	
<input type="checkbox"/> Married	<input type="checkbox"/> Single
<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced
<input type="checkbox"/> Widow/er	<input type="checkbox"/> Civil Partner (Same Sex)
at PURE REFLECTIONS RESOMARIUM on Day: <input style="width: 40px;" type="text"/>	
Date: <input style="width: 40px;" type="text"/>	
Time: <input style="width: 40px;" type="text"/>	

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. The coffin doesn't go into the machine. Instead, we've collaborated with a local factory that repurposes and recycles the coffins into urn presentation boxes. 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.

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

LIVE STREAMING

We understand that families may prefer a private service in the resomation chapel for their final farewells. If you wish to have the service live-streamed or not, kindly indicate your preference by checking the box.

Live Stream Do NOT Live Stream

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:**