

**PRELIMINARY APPLICATION FOR THE COMMUNAL
CREMATION OF FETAL REMAINS**

Date of cremation _____

Place of cremation _____

Time of cremation _____

Originating hospital _____

Name of person arranging cremation _____

Number of fetal remains _____

Number of coffins _____

Service required Yes No

Organist required Yes No

Officiant _____

Funeral Director _____

Telephone _____

Address _____

Date _____