

FORM B2

Register of Cremation of Body Parts

Carried out by

At the crematorium of

<i>Number</i>	<i>Date of cremation</i>	<i>Name, address and occupation of the deceased</i>	<i>Age and sex of the deceased</i>	<i>Date of death</i>	<i>Date and place of burial or cremation of body</i>	<i>Body parts being cremated</i>	<i>Name and address of person applying for cremation</i>	<i>Name and address of person signing certificates</i>