

FORM B1

Register of Cremation of Whole Bodies

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 of cremation</i>	<i>Name and address of applicant</i>