

Order form Cremation / Ceremony / Burial

The deceased

First name and surname

Personal Identity No. (YYYYMMDD)

Registered residence

Date of death (YYYYMMDD)

Cremation

☐ Cremation after ceremony ☐ Direct cremation ☐ Act with urn ☐ Coffin burial

Crematorium

☐ Nya krematoriet ☐ Räcksta ☐ S:t Botvid ☐ Storkällan ☐ Silverdal ☐ Other crematorium:

Urn material and urn type:

Ceremony

Funeral venue

Date (YYYYMMDD)

Time

Burial

 (*does not apply to Garden of Remembrance)☐ Urn ☐ Garden of Remembrance ☐ Ash garden ☐ Ash grave ☐ Coffin

Cemetery / place of burial

Date (YYYYMMDD)

Time

Section*

Grave No*

☐ Relatives will not attend

Funeral Home

Bureau and contact person

Telephone

E-mail

Client

First name and surname

Personal Identity No. (YYYYMMDD)

Relation to the deceased

Address

Postcode and City

E-mail

Telephone

Notes