



ORDER FOR CREMATION OF SKELETAL REMAINS

Cremation number*:	
Date of cremation*:	
Time of cremation*:	

**To be filled out in cooperation with our staff*

Deceased details

First name, last name, father's name:	
Date of birth / place of birth:	
Date and place of death:	

Customer information

First name, last name, father's name:	
Relation with the deceased:	
Contact information:	tel: mob number: E-mail:
Home address:	Street & number: PC: Municipality: Country:
Please indicate preferred way to communicate with you:	E-mail: Tel: Post:

Center for Cremation

Megali Gefira Ritsonas Avlida

T: 22211 21752 | E: info@cremservices.gr | W: www.cremservices.gr

Funeral Office

Funeral office:	
Contact details:	Tel: E-mail: Address: VAT: Tax Office:
Estimated arrival date and time of skeletal remains:	

For the urn

Simple Urn (at no extra cost)	<input type="checkbox"/>
Special Urn	<input type="checkbox"/> Urn code:
Ash scattering in our memorial garden (100 euros plus VAT)	YES <input type="checkbox"/> NO <input type="checkbox"/>
Ash storage in our Colombarium (100 euros/year plus VAT)	YES <input type="checkbox"/> NO <input type="checkbox"/>
The urn will be delivered either to the Funeral Office representative or the Customer. In case you want delivery to a third party, please state their name and ID number:	

Jewelry

Code	
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The Customer**The Funeral Office**

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Date:

Required Documents for cremation:

1. Signed statement
 2. Payment receipt
- Bank information:
- PIRAEUS BANK IBAN: GR13 01716090006609143686511
 - ALPHA BANK IBAN: GR1901401460146002002025660
 - NATIONAL BANK OF GREECE IBAN: GR2001106140000061400623833
 - OPTIMA BANK IBAN: GR1303400240024006511027197
 - EUROBANK: GR0202603280000980201539746
3. Order for cremation of skeleton remains
 4. Certificate of disinfection

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