

**CREMATION ORDER**

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| Date and time of cremation and ceremony\*: |  |

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

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| **Deceased details** |
| First name, last name, father’s name: |  |
| Date of birth / place of birth: |  |
| Date and place of death: |  |

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| **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: |
| Preferred form of communication: | Email: □Tel: □Post: □ |



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| **Funeral Office** |
| Funeral office:  |  |
| Contact details:  | Tel:E-mail: Address:VAT:Tax Office: |
| Do you wish temporary storage in a refrigerator? *We offer free storage for 2 days.* | YES □ NO □  |
| Estimated arrival time of deceased: |  |
| Will there be relatives at the ceremony? | YES □ How many *(approx.):* NO □  |
| **Body delivery:** The body must bear an identification wristband. During the delivery of the body to the Crematorium the information of the deceased must be confirmed in writing by the representative of the Funeral Home. The coffin must include a label with the information of the deceased. |

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| **For the urn** |
| Simple Urn (at no extra cost)  | □ |
| Special Urn  | □ Urn code: |
| Ash scattering in our memorial garden *(100 euros plus VAT)*  | YES □ NO □  |
| Ash storage in our Colombarium *(100 euros/year plus VAT)* | YES □ NO □  |
| 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 |  |
| **For the ceremony** |
| Music | Classical □ | Religious □ | Other □ Deceased’ favorite song:  ……………………………………….. |
| The preparation and presentation of the body (open or closed casket) and the organization of the ceremony are decided by the customer and the funeral home. Crem Services SA is not responsible.  |

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| **The Customer**  | **The Funeral Office**  |
| I declare that I have read and received a copy of the information for the processing of personal data of Crem Services SA........................................................................ | ..................................................................... |

**The body will be transferred**

**by the driver / representative:**

**…………………………………………..**

Date:

**Required Documents for cremation:**

1. Registrar’s death act

2. Payment receipt for 600€ plus VAT 24% = 744 €

Bank information:

* PIRAEUS BANK IBAN: GR1301716090006609143686511
* ALPHA BANK IBAN: GR1901401460146002002025660
* NATIONAL BANK OF GREECE IBAN: GR2001106140000061400623833
* OPTIMA BANK IBAN: GR1303400240024006511027197
* EUROΒΑΝΚ: GR0202603280000980201539746

3. Copy of forensic certificate

4. Cremation order