

Serial Number (Form 1) :

**MUNICIPAL TOWN COUNCIL OF BEAU BASSIN ROSE HILL
PUBLIC HEALTH DEPARTMENT**

SCHEDULE I

Chebel Municipal Crematorium

APPLICATION FOR CREMATION

Date of Application:

Name of Applicant:.....

Address of Applicant:.....

Identity Card Number:.....

Phone Number:

Name of Deceased Person:.....

Place of Funeral wake (VeilléeFunèbre):

Cremation Permit:.....

Fees paid: **Receipt Number:**

Date of Cremation:.....

Time of Cremation:.....

Signature of Applicant:.....

Name of Witness:.....

Address of Witness:.....

Phone Number:

Signature of Witness: