Application for cremation of the body of a person who has died

Cremation 1
replacing Cremation 1 issued 2018

This form must be completed by a person who is at least 16 years of age.
Please complete this form in full, if a part does not apply enter 'N/A'.

Part 1 Details of the crematorium

Name of crematorium where cremation will take place

Hendon

Name of funeral director

Asian Funeral Care

Telephone number

07843157577

E-mail

asianfuneralcare@outlook.com

Full name of the deceased person

Niranjan Basu

The information provided on this form is a legal requirement under the Cremation (England and Wales) Regulations 2008 and will be processed in line with Data Protection legislation. The data will be held by the cremation authority that is carrying out the cremation. It will be held securely, in confidence and processed solely for the purpose of carrying out the cremation and the handling of ashes. You have the right to know what data is held about you and you can, by contacting the cremation authority in writing, receive a copy of that data. The cremation authority is obliged to include in their privacy notice how the information will be held, for how long and how you may make a complaint to the Information Commissioner's Office.

☒ I confirm that all relevant documentation has been provided to the crematorium.

A list of relevant documentation can be found in the guidance at the link below.
https://www.gov.uk/government/collections/cremation-forms-and-guidance

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Part 2 Your details (the applicant)

Your full name

PRITTHIS - BARAN BASU

Address

24 GROVE CRESCENT,
KINGSBURY,
NW9 0LP

Telephone number

07517629600

E-mail

BARAN_BASU@Hotmail.co.uk

1. Are you a near relative and / or an executor of the person who has died? (please tick all that apply)

Near relative means the widow, widower or surviving civil partner of the person who has died, or a parent or child of the person who has died, or any other relative usually residing with the person who has died.

Near relative ☒ Yes ☐ No

Executor ☐ Yes ☐ No

If you answer No to both Near relative and Executor, please give the nature of your relationship and explain why you are making the application rather than a near relative or an executor.

Son

2. Is there any near relative(s) or executor(s) who has not been informed of the proposed cremation? ☐ Yes ☒ No

If Yes, please give the name(s) and the reason(s) why they have not been contacted.

3. Has any near relative(s) or executor(s) expressed any objection to the proposed cremation? ☐ Yes ☒ No

If Yes, please give details including name(s).

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Part 3 Details of the person who has died

Full name

Niranjan Basu

Address

24 Grove Crescent

NW9 0LP

Occupation or last occupation if retired or not in work at date of death

Retired

Age at date of death

82

Sex

☒ Male ☐ Female

Status

☒ married/civil partnership ☐ widow/widower/surviving civil partner ☐ single

1. To the best of your knowledge, what was the date and time of death of the person who has died?

Date

19 01 2026

Time

2. Please give the address where the person died.

Address

Northwick Park Hospital
Watford Road
Harrow

HA1 3UJ

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3. Please give the name, address, e-mail address and telephone number of the medical practitioner(s) who attended the deceased person.

Doctor's name

Address

Telephone number

E-mail

4. Was any implant placed in the body which may become hazardous when the body is cremated (e.g. a pacemaker, radioactive device or "Fixion" intramedullary nailing system)?

☐ Yes ☒ No ☐ Don't know

5. If you have answered Yes to question **4**, please state whether it has been removed.

☐ Yes ☐ No ☐ Don't know

6. If you have answered No or Don't know to question **5**, please give details of the device and its location.

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Part 4 Disposal of ashes

The term "ashes" means all the material left in the cremator after cremation, and following the removal of any metal, and any subsequent grinding or other process which is applied to the material.

Applicant's instructions for ashes

Local practices regarding ashes vary and your funeral director or cremation authority will be able to advise you about these.

Please then tick the relevant box to confirm whether you have chosen Option 1, 2 or 3 below for the ashes following this cremation and provide further details in the relevant free text box.

If you choose Option 1 or 2 you may alter your choice, confirmed in writing with your signature, before the cremation authority has made arrangements to implement your chosen option, so please advise your funeral director or the crematorium as soon as possible if you change your mind.

☐ **Option 1: Ashes to be scattered / interred / otherwise dealt with by the crematorium**

Please give further details of your wishes here, from the options offered by the crematorium, for instance where the ashes should be scattered / placed and when; and **whether you wish this to be witnessed or unwitnessed.**

☑ **Option 2: Ashes to be collected from the crematorium**

Please give further details of your wishes here, such as who will collect the ashes (for instance you and / or another family member, the funeral director, or another specified person); and by which date, if known. The person collecting the ashes should bring a form of identification.

fo D

☐ **Option 3: Ashes to be held awaiting your decision**

Please give further details of your wishes here, for instance where and for how long the ashes should be held awaiting your decision.

When you have later made a decision, please confirm this, in writing with your signature, to your funeral director or crematorium.

Disposal of metals

☐ Should you wish to dispose of the metals in any other way then please indicate by ticking the box and metals will be returned to you within the cremated remains or separately from them.

See guidance for more details.

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Part 5 Recovery of ashes

☒ Despite every effort being made to recover ashes following a cremation, on very rare occasions (particularly with a cremation following an early pregnancy loss) there may be no recoverable ashes. If you have any questions about this, please ask your funeral director or crematorium.

Please tick the box to confirm that you understand this and that you wish to proceed with the cremation.

Part 6 Statement of truth

I apply for the body of the person who has died to be cremated and I certify that I am at least 16 years of age.

I believe that the facts given in this application are true. I am aware that it is an offence to wilfully make a false statement with a view to obtaining the cremation of any human remains.

Print your full name

PRITTHIS-BARAN BASU

Signed

Dated

29 01 2026

Funeral Directors:

This form to be used for written confirmation of details already given verbally to the crematorium office.

Please note that the complete set of Cremation Papers for this funeral are required in the Crematorium Office not later than 9.00 a.m the day before the funeral is due to take place. Your co-operation in this respect will be greatly appreciated.

LONDON BOROUGH OF BARNET

Hendon Crematorium,
Holders Hill Road,
Mill Hill, London NW7 1NB.
Tel: 020 8359 3370
Fax: 020 8343 4568

NOTICE OF CREMATION

1. Name in full, and address of deceased — Niranjan Basu, 21 Grove Crescent, NW7 2LP

2. Age 82 years

3. The date and time of the Cremation Service — Time 12:00 pm (FULL SERVICE / COMMITTAL ONLY) Day Sunday Date 01/02/26

4. Denomination of Minister (CHURCH OF ENGLAND / NON-CONFORMIST / ROMAN CATHOLIC)
Please note that the council will not arrange for the attendance of ministers. — Hindu

5. Music. Do you require OBITUS — YES / NO
Do you require a Crematorium Organist — YES / NO

6. Do you require a Live Webcast or Tribute via OBITUS — YES / NO

7. Additional Information (if any)

INSTRUCTIONS FOR THE DISPOSAL OF CREMATED REMAINS

(It is essential that relatives be consulted by the Funeral Directors regarding disposal of cremated remains before this section is completed).

(a) Retain meanwhile, pending instructions later
(b) Allow representative to remove ashes ... ...
(c) **Scatter on lawns of the Garden of Remembrance To witness** ... ...
(d) **Scatter on lawns of the Garden of Remembrance Not To witness** ... ...
(e) **Alternative instructions** ... ...

Name, address and telephone number of Funeral Director ... ...

Asian Funeral Care
88 Kenton Park Parade
Kenton Road, Harrow
HA3 8DN

HC9

DATE OF CREMATION — SURNAME OF DECEASED — FORENAMES OF DECEASED

Form 9 – Part D

Please complete the below and attach to the Form 9, Part B.

Information taken from medical certificate of cause of death.

Medical device information Niranjan BASU	
Were any hazardous implants placed in the body (e.g., pacemaker, radioactive device or 'Fixion' intramedullary nailing system)?	No
Type of device:	———————
Location of device:	———————
Has the device been removed?	———————
AP Name: Kishan Katwa MB BChir	ME Name: Dilip Bassi MBBS/RCPathME

Unless this document is delivered intact to the person mentioned overleaf, the burial or cremation may be delayed.

PART B

DIS 41 **690288**

Births and Deaths Registration Act 1953, s. 24(1)

CERTIFICATE FOR BURIAL OR CREMATION

(Issued *after* registration)

I, the undersigned registrar, do hereby certify that the death of

Niranjan BASU

aged 82 Years who died on 19th January 2026

at Northwick Park Hospital Harrow

has been registered by me at Entry No. 213 Date 29th January 2026

Signature ..... (Registrar of Births and Deaths)

Registration District Brent Sub-district Brent

690288

CERTIFICATE FOR BURIAL OR CREMATION

(Issued *before* registration)

I, the undersigned registrar, do hereby certify that the death of

.....

aged ..... who died on .....

at .....

.....

has been notified to me. Date .....

Signature ..... (Registrar of Births and Deaths)

Registration District ..... Sub-district .....

IMPORTANT. If the death has not been registered it must be registered within 14 days of the date on which it happened by a relative of the deceased or by one of the other people required by law to give information.

If the burial or cremation is to take place outside England or Wales the Coroner must be notified before the body is moved. The registrar who issued this certificate can provide a form on which to notify the Coroner.

AS.

PART C

DIS 41 **6902**

NOTIFICATION OF BURIAL OR CREMATION (see back)

Births and Deaths Registration Act 1926, s. 3(1) (Form prescribed by the Registration of Births and Deaths Regulations 1987)

This is to notify that the body of .....

deceased, who died on ..... at .....

was buried*/cremated* on..... at .....

Signature ..... on behalf of .....

Date .....

*Strike out whichever does not apply