



Walton Lea Crematorium, Chester Road, Walton, Warrington WA4 6TB  
Tel: 01925 267731 Fax: 01925 267732  
Email: bereavement-services@warrington.gov.uk

## Application/consent form for multimedia devices

Name of Deceased .....

Date & Time of Service .....

Applicant's Name(s).....

Address .....

.....

Telephone Number .....

This application is to confirm consent from the applicant for the service. Without the signature/ authority from the applicant and the USB provider, the use of the multimedia device will not be permitted.

The multimedia device must be with the crematorium at least 48 hours prior to the service, to enable the necessary checks to be carried out.

The material to be displayed must be of suitable content for use within the chapel. All images must be tasteful and appropriate ensuring both dignity & respect is provided at all times for the deceased and all those present at the service. **The use of the multimedia device must have been agreed with the officiating person.**

I can confirm that the material to be displayed has been checked and is of suitable content for use within the chapel.

USB Provider's signature: .....

I hereby agree to abide by the crematoriums conditions, details of which are mentioned above. I understand that the information and requirements associated with the use of the multimedia device for the use of display purposes, must be in accordance with the above requirements, and agree to edit/ remove any material deemed unsuitable by the Walton Lea Crematorium.

I hereby authorise the use of the multimedia device for the above service:

Applicant's Signature .....

Crematorium technician's signature:.....

Date: .....

