

Seafeld Cemetery and Crematorium Recording and Webcasting Request Form

This form must be handed in to Seafeld Crematorium or faxed to 0131 554 3703 at least 24 hours before the service.

Name of Deceased:

Funeral Director:

Time & Date of Service:

Details of Recording Required

Webcasting of Service	
Yes*	No*
DVD (Video) Recording of Service	
Yes*	No*
CD (Audio) Recording of Service	
Yes*	No*

* delete as appropriate

I confirm that I have secured the consent of:

- The family of the deceased**
- The officiant and any other contributors to the service**
- Those of my staff who may attend the service**

Signed: _____ Funeral Director

Date: _____