

Warriston Crematorium Recording and Webcasting Request Form

This form must be handed in to Warriston Crematorium or faxed to 0131 551 6753 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*

* 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: _____

We maintain all our equipment to a very high standard, including our audio and video equipment; however we cannot guarantee that they will never fail. In the unlikely event of a malfunction, we will endeavour to minimise any effect to our service provision.

TO: The Minister or Officiant conducting the Cremation Service for the family/relatives of:

We, the undersigned, in return for the privilege of making a *DVD / *WEBCAST of the Funeral / Memorial Service at Warriston Crematorium on (date & time) _____

hereby agree and undertake as follows:

(*delete as appropriate)

- That the recording shall be for solely private and domestic purposes.
- That no excerpts shall be made without previous written consent of the Minister or Officiant.
- That the recording shall not be used, or permitted to be used for any commercial purpose or public showing.
- That the Minister or Officiant's copyright in the recording shall be vested in the same, to be used only as he or she in their uncontrolled discretion may direct or decide.
- That the granting of this privilege or the granting of any permission by the Minister or Officiant shall not extend to any necessary consents under the Performers' Protection Acts 1958-1972 and the Copyright Act 1956.
- To indemnify and keep indemnified the Minister or Officiant against any claims of whatsoever nature against the minister arising out of the making of the recording or its subsequent showing.

Dated: _____

Signed: _____ The Applicant

Countersigned _____ Funeral Director

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