

Ceremony Recording Requests

Full Name of Deceased: **Title:**

Day & Date of Service:

Time of Service:

Request or Required: **Webcast** **Visual Tribute**

USB Stick (please specify quantity): _____

CD Audio (please specify quantity): _____

DVD (please specify region): _____

Any Additional Requests:

To: The Minister or Officiant conducting the Cremation Service for the family/relative of the late

We, the undersigned, in return for the privilege of making a recording of the funeral/memorial service at Lea Fields Crematorium, hereby agree and undertake as follows:

- That the recording shall be for solely private and domestic purposes.
- That no excerpts shall be made without prior 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 controlled 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 arising out of the making of the recording or its subsequent showing

Applicants Signature: _____ **Date:** _____