

NOTICE OF SCATTERING OF CREMATED REMAINS

The original Certificate of Cremation must be included with this form.

DECEASED DETAILS

Full name of deceased:

.....

Place at time of death:

..... Date of death:

..... Age at death: Usual or former residence:

.....

SCATTERING DETAILS

Date and time of scattering:

.....

Name of Minister:..... (if applicable)

.....

..... Location of scattering:

..... (To be agreed in advance with the Burial Board)

Name and contact of Undertaker:

..... (if applicable)

..... Tel:.....

PURCHASER / DEED HOLDER DETAILS

Name of Deed Holder / Nominated Representative:

.....

Relationship to Deceased:.....

Address:.....

Post Code..... Telephone:..... Email:

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I have received and/or read a copy of the Rules and Regulations relating to interments at The Cemetery, Stokesley Road, Brompton and agree to abide by these.

Signed: Deed Holder / Nominated Representative:

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