



Full Name of Deceased
Name of Crematorium where Cremation took Place
Cremation Number

I hereby authorise the scattering of ashes of the above named person to be carried out as specified below.

Strewn in the Memorial Garden Strewn in the Woodland

I wish to be present and request that the scattering takes place at the following time.	
Date & Date	Time

I do not wish to be present <input type="radio"/>

If the cremated remains are to be strewn in the same location as a previous person please provide the following information for them:	
Name of Deceased	Date of cremation

I will bring the cremated remains and cremation certificate with me on the day of the service <input type="radio"/>
I will arrange for the cremated remains and cremation certificate to be delivered to Bluebell Cemetery prior to the scattering taking place <input type="radio"/>

Applicant's Full Name (Mr/Mrs/Ms./Miss/_____)	_____
(BLOCK CAPITALS PLEASE)	

Address

Telephone Number	
Email Address	
Signature of Applicant	Date