

SCATTERING OF ASHES ON TOP OF GRAVE

PLEASE RETURN THIS NOTICE AT LEAST THREE WORKING DAYS

(Mon-Fri, excluding bank holidays) **PRIOR TO THE SCATTERING DATE TO:**

The Burials Officer, Folkestone & Hythe District Council, Civic Centre, Castle Hill Avenue,
Folkestone, Kent CT20 2QY Tel: 01303 853407

Cemetery: Hawkinge / New Romney / Lydd / Brenzett / Spring Lane / Cheriton Road

1. Title, Christian name(s) & surname
of the deceased person _____
2. Home address _____

Postcode _____
3. Date of Death _____
4. Number of grave or ashes plot _____
5. Name(s) of those interred
In grave (if applicable) _____
6. Relationship of deceased
to person(s) interred in grave (if applicable) _____
7. Date of scattering _____
8. Time at graveside _____

(The grave will be checked before & after the scattering)

Please refer to Folkestone & Hythe District Council Cemetery fees and charges for the current fee.

Cheque - payable to Folkestone & Hythe District Council

Debit or credit card – call 01303 853407

Funeral Directors will be invoiced

I enclose the “Certificate for disposal of ashes” (from the Crematorium) ☐

Original Deed of Grant seen and copy attached ☐

or grave owner’s written agreement enclosed ☐

9. Name & full address
of arranger

Telephone/Email

10. Relationship to the deceased

11. Funeral Director (if applicable)

Signed

Date

Agreement

Please sign the agreement

*'I, the person named in section 9 of the Scattering of Ashes on top of grave _____
relating to*

Deceased (full name) _____

scattering date _____

*Hereby acknowledge that I understand and agree to be bound by
Folkestone & Hythe District Council Cemetery Regulations.*

Full Name _____

Signature _____ Date _____