

## **NOTICE OF INTERMENT FOR SCATTERING ASHES UNDER THE TOPSOIL**

**Please note:** Ashes interred under the topsoil/turf are classified as human remains in the same way as if a full burial has taken place. It will therefore not be possible, even if there is room in the grave, to have a further full burial in it unless a Licence for Exhumation is obtained from the Ministry of Justice.

**PLEASE RETURN THIS NOTICE AT LEAST THREE WORKING DAYS** (Mon-Fri, excluding bank holidays)  
**PRIOR TO THE INTERMENT DATE TO:**

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

Interment times: Monday-Thursday 09:30 - 14:30 hours, Friday 09:30 - 12:00 hours at graveside  
(excluding Bank Holidays)

**CEMETERY: Hawkinge / Lydd / New Romney / Spring Lane / Brenzett / Cheriton Road**

1. Title, Christian name(s) & surname \_\_\_\_\_  
of the deceased person
2. Home address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Description (Profession/trade etc  
of deceased person) \_\_\_\_\_
4. Age of deceased \_\_\_\_\_
5. Date of death \_\_\_\_\_
6. Place of death  
(Street and Parish) \_\_\_\_\_
7. Date, day of week and month on \_\_\_\_\_  
which burial is to take place
8. In which cemetery \_\_\_\_\_
9. Time at graveside \_\_\_\_\_
10. Number of Grave or Ashes Plot \_\_\_\_\_
11. Name of Minister to Officiate \_\_\_\_\_

12. Where service is to be held \_\_\_\_\_
13. Name and Address of person/s making the arrangements  
Title: \_\_\_\_\_  
Full name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Postcode: \_\_\_\_\_  
Contact telephone number: \_\_\_\_\_  
Email address: \_\_\_\_\_  
(a) Relationship to deceased \_\_\_\_\_  
(b) Name(s) of those interred in grave (if applicable) \_\_\_\_\_  
\_\_\_\_\_  
(c) Relationship of deceased to Person/s already interred in grave (if applicable) \_\_\_\_\_

**Reserved ashes plots or grave re-open:**  
**Original Deed of Grant seen and copy attached** ☐  
**or owner's written agreement enclosed** ☐

**I enclose the "Certificate for disposal of ashes" (from the Crematorium)** ☐

**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

Signed (Person arranging): \_\_\_\_\_

Date: \_\_\_\_\_

Funeral Director: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

## Agreement

Please sign the agreement.

*'I, the person named in section 13 of the Notice of Interment for scattering ashes, relating to the interment of*

*Deceased (full name)* \_\_\_\_\_

*Interment date* \_\_\_\_\_

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

Full Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_