

## **SCATTERING OF ASHES ON TOP OF GRAVE**

In which cemetery \_\_\_\_\_

Name of deceased \_\_\_\_\_

Address of deceased \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Grave number \_\_\_\_\_

Name of person(s) already interred in grave  
(if applicable) \_\_\_\_\_

\_\_\_\_\_

Relationship of deceased  
to person(s) interred in grave (if applicable) \_\_\_\_\_

Date of scattering \_\_\_\_\_

Time \_\_\_\_\_

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

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

Funeral Directors will be invoiced

**Original Certificate for disposal of ashes enclosed**

**Original Deed of Grant seen and copy attached ☐ or owner's written agreement enclosed ☐**

Name & address of arranger \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Relationship to the deceased \_\_\_\_\_

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

Signed \_\_\_\_\_ Date \_\_\_\_\_