

Notice of Scattering of Ashes in Woodland Memorial Garden



For details of how we use and process your data and our Privacy Notice, please refer to our website: nfdc.gov.uk

email: cemeteries@nfdc.gov.uk

Please sign and post to:

Cemeteries Office, Town Hall, Avenue Road, Lymington. SO41 9ZG

Telephone 02380 285952

[Cheques to be made payable to New Forest District Council](#)

Cemetery

For office use only	
Receipt number	
Date receipt	
Fees Paid Resident	Non Resident
Telephone Booking number	
Epitaph number	
Scattering Register Book 8	Page
Memorial Garden Number 2.....	

ALL BOXES TO BE COMPLETED IN BLOCK CAPITALS. PART COMPLETED FORM WILL BE RETURNED

Date of scattering ashes	Time reserved for scattering ashes
Name of deceased (in full)	
Permanent residence of deceased	
Age	Date of death
Memorial plaque to be purchased Yes	Please also complete Application for a Memorial Plaque - Memorial Garden APP 006
Stillborn child Parents full names and address	
Ashes Certificate No.	
Relationship to deceased	

Exclusive Rights of Burial are not to be purchased.

I/we hereby acknowledge and understand that with the exception of the memorial plaque purchased through and affixed by New Forest District Council, all other items of memorabilia will be removed without prior notification. I/We understand and agree to comply with NFDC Regulations

Signature of Applicant (deceased next of Kin)

Name of applicant (in block capitals)	Signed	Date
Address		
Name of witness (in block capitals)	Signed	Date
Address		

All paperwork must be received by the Cemeteries Office 48 working hours prior to the requested interment date.