



Acorn Ridge Reference:
<i>This will be completed by Acorn Ridge</i>

APPLICATION FORM FOR SCATTERING OF ASHES

DETAILS OF DECEASED

Full Name:		
Date of Birth and Date of Death:		
Religion or Persuasion		

APPLICANT – OWNER OF THE PLOT

Name:		
Address:		
Tel. No. and email address:		

FUNERAL DIRECTOR – IF USING

Name:		
Address:		
Contact Name and Tel. No.		

Signature of the **Applicant** (who confirms they are entitled to make the arrangements for the deceased, and agrees to the Terms and Conditions of the Burial Ground):

Signed: Date:

It would be very helpful if you could tell us where you heard about Acorn Ridge:

Word of mouth	Attended funeral	Funeral Director	Newspaper advert	Internet search engine	Other (please give details)
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ASHES

Date:		Time:		Request for:	TO BE SCATTERED
Size of Urn:	N/A	Urn Material:	N/A	Tree type required:	N/A

- Notes: Please refer to our Terms and Conditions before completing this Application Form, particularly noting that:**
- Applications cannot be accepted on behalf of those who had a notifiable disease at death, or who have been treated with formaldehyde. Your Local Council will advise which burial grounds may be used.
 - All coffins, caskets and urns etc. used for burial and interment must be constructed of an ecologically sound material.