



Acorn Ridge Reference:

**APPLICATION FOR BURIAL OR INTERMENT/SCATTERING OF ASHES**

**DETAILS OF DECEASED**

Full Name:

Address:

Age:

Date of Birth and Date of Death:  
*(Required for Grave Marker)*

Religion or Persuasion


**APPLICANT/FUNERAL DIRECTOR**

Name:

Address:

Contact Name and Tel. No.


Signature of the person entitled to make the arrangements for the deceased, and agreeing to the Terms and Conditions of the Burial Ground

Signed: ..... Date: .....

**BURIAL**

Date & Time		Overall Coffin Size		Depth of Grave	Single / Double
Planting Selection		Type of Coffin		Wooden / Cardboard / Wicker / Bamboo	

**ASHES**

Date & Time		Urn		Request for:	Scatter / Inter
Planting Selection					

*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.