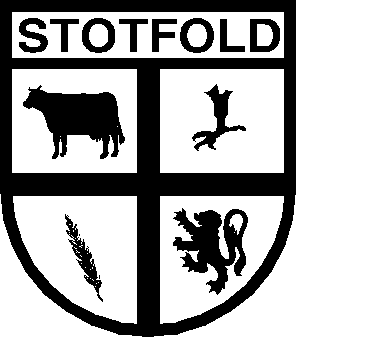
**STOTFOLD TOWN COUNCIL**



### 

#### NOTICE OF SCATTERING OF CREMATED ASHES

This notice fully completed is to be delivered (exclusive of weekends and public holidays) at least 84 hours before the scattering takes place. Scattering is only allowed under the Lime Trees Avenue. Please be mindful that no markers are allowed as this is communal, and ashes are scattered over a wide area

Full Name of Deceased………………………………………………………………………

Proposed Day, Date and Time of Scattering …………………………………………...…

Address of Deceased (if in a care home please provide previous address and date of moving as well) ………………………………………………………………………………

…………………………………………………………………………………………………

Age…………………………………………………………………………………………….

Religious Denomination / Minister Officiating…………………………………………….

Date and place of Death……………………………………………………………………

Where Cremation took place ………………………………………………………………

Will others be attending ……………………………Yes/No

Name (in Capitals) and Signature of Applicant……………………………………...

…………………………………………………………………………………………….

Address………………………………………………………………………………....

…………………………………………………………………………………………….

Telephone no…………………………………………………………………….……...

Email Address…………………………………………………………………….…….