

# SPILSBY TOWN COUNCIL

## Application for Permission for the Scattering of Ashes

### At Spilsby Cemetery

1. Name of deceased.....

2. Previous address.....

.....

3. Date of death..... Date of cremation .....

4. Area requested for scattering.....

5. I, (full name) .....

Of(address).....

.....

Telephone number .....

Hereby make application for the right to scatter the ashes of the above named in Spilsby

Cemetery (date and time) .....

6. I confirm that I am (relationship to the deceased) .....

7. I will provide a copy of the cremation certificate.

To be signed by the person responsible for scattering the ashes

Signature of applicant:

Date:

Please return this form to:  
Town Clerk, Spilsby Town Council, Franklin Hall, Halton Road, Spilsby PE23 5LA  
Tel: 01790 753189 email:spilsbytowncouncil@btconnect.com

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FOR OFFICE USE ONLY

Name of Deceased .....

Invoice issued: Date:..... Inits .....

Cremation certificate received YES/NO

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**FINAL PERMIT SCATTER ASHES IN SPILSBY CEMETERY**

Permission is granted to ..... to proceed with the

Date.....  
.....  
Town Clerk

Receipt Number