



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: