

Scattering of ashes on top of grave

Please return this notice to arrive at the council at least 3 working days prior to the scattering date (Mon-Fri, excluding bank holidays)

Full name of the deceased person	
Home address (including postcode)	
Age of the deceased	
Date of death	
Cemetery	Brenzett, Cheriton Road, Hawkinge, Lydd, New Romney, Spring Lane
Number of grave or ashes plot	
Name(s) of those interred in the grave	
Relationship of deceased to those interred in the grave	
Date at graveside	
Time at graveside	
Details of grave owner/person making the arrangement: Full name Address (including postcode) Contact number Email address	
Relationship to deceased	

Signed (grave owner/person making the arrangements):
Date:
Funeral Director (if applicable):
Address:
Contact number:
Email:

Agreement

Please sign the agreement

'I, the person named as the arranger for the scattering of ashes on top of a grave relating to

Deceased (Full name):

Scattering date:

Hereby acknowledge that I understand and agree to be bound by Folkestone & Hythe District Council Cemetery Regulations.

Full name:

Signature:

Date:

Please attach the following:

The 'certificate for disposal of ashes' (from the crematorium)

A copy of the 'original deed of grant' or the 'grave owner's written permission'

Signed copy of the 'Agreement'.

Ways to pay:

By debit or credit card – Please call 01303 853407 to make your payment.

By cheque - Please make cheques payable to Folkestone & Hythe District Council and enclose with this application.

Funeral directors will be invoiced.

Return this form:

By email: cemeteries@folkestone-hythe.gov.uk

By post: The Burials Officer, Folkestone & Hythe District Council, Civic Centre, Castle Hill Avenue, Folkestone, Kent CT20 2QY.