

Valid until 31<sup>st</sup> March 2020

## 1. Whose ashes will be scattered?

Full name \_\_\_\_\_  
\_\_\_\_\_Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_

Date of death \_\_\_\_\_ Age \_\_\_\_\_

## 3. Cremation Certificate

Received 

Please send the original form(s) to us

Form Ref. No. /date \_\_\_\_\_

## 4. What type of event are you planning?

 Simple scattering Other \_\_\_\_\_  
\_\_\_\_\_

Numbers expected: people \_\_\_\_\_ / cars \_\_\_\_\_

Any special vehicles or other requests: \_\_\_\_\_  
\_\_\_\_\_Do you wish the custodian to be there?  Yes /  No

## 5. Environmental responsibility

Please ensure that no Oasis foam, plastics or cellophane flower wrapping or mementos are left at the burial ground.

### Office use:

 Calendar;  Cust;  Certs;  Paid: Inv \_\_\_\_\_

## 12. Signature and declaration

I declare that the information given on this form is accurate. I am the person to whom all correspondence should be sent and am responsible for paying the amounts shown above and confirm that I have read, printed or saved a copy of the Terms and Conditions which apply (<http://www.leedam.com/burial-contract-terms.html>) and understand that on completing this application I am bound by the Terms and Conditions

**IMPORTANT** Please let us know if your contact details change

Signature \_\_\_\_\_ Full Name \_\_\_\_\_

Home address [ As above] \_\_\_\_\_

Postcode \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Date \_\_\_\_\_ Relationship to 1. \_\_\_\_\_

How did you find out about us? \_\_\_\_\_

We would like to be able to contact you about future changes at the burial ground and any new options that become available. If you agree to being contacted this way please tick the relevant boxes:  Email  Post  Phone

## 6. Requested date:

Day: \_\_\_\_\_  Cust

Arrival time \_\_\_\_\_ departure \_\_\_\_\_

## 7. Funeral Company (if any)

Company \_\_\_\_\_

Contact \_\_\_\_\_

Tel \_\_\_\_\_

Email \_\_\_\_\_

## 8. The family representative on the day will be:

Mobile \_\_\_\_\_

## 9. Will you use a celebrant or minister? Yes / No

Name \_\_\_\_\_

## 10. Who will scatter the ashes?

 Friends and family Burial Ground Custodian or Funeral DirectorPlease read and circulate our guide to health and safety  
<http://www.leedam.com/health--safety.html>

## 11. Payment (required two days beforehand)

£195 - Paid to Leedam Natural Heritage  by cheque or by BACS 06006136, 80-02-38, quoting ref: Bath+Yourname The rights are pre-purchased, Reg No. \_\_\_\_\_