

# Application to scatter ashes

Valid until 31 March-2018

Bath  
Natural Burial Meadow

## 1. When would you like to scatter the ashes?

Day ..... Date ..... Time of arrival .....

## 2. Whose ashes will be scattered?

Full Name .....

Home address .....

..... Postcode .....

Date of Birth ..... Date of Death ..... Age ..... Gender .....

## 3. Attach the crematorium forms

I attach the Cremation Certificate

## 4. Further information to help us prepare for your arrival on the day

Family representative ..... Number of cars/people expected .....

Mobile ..... Type of event? .....

Funeral director? .....  
(e.g. a simple scattering or a funeral event)

FD Mobile ..... Special requests? .....

Minister or celebrant .....

How long do you expect to be  
at the burial ground? ..... Is everyone aware of conditions? .....

## 5. Payment

Ashes scattering rights £175 (NB payment is required at least two days before the event)

Paid by cheque to Leedam Natural Heritage or  by BACS - 06006136, 80-02-38, ref: BATH+Yourname

## 6. Signature and declaration

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 will become bound by the Terms and Conditions (Please let us know if your contact details change.)

Signature ..... Full Name .....

Home address [As above? ] .....

..... Postcode .....

Email ..... Tel. ....

Signed ..... Date ..... Relationship to 2. ....

How did you find out about us? .....