

Scattering of Cremated Remains Form

For the scattering of cremated remains in Gardens of Remembrance only

Date _____ Time _____ Cemetery _____

Deceased Details

Title _____ Forename(s) _____ Surname _____

Full Address _____
Postcode _____

Age _____ Date of Death _____ Place of Death _____

Crematorium _____

Cremation Date _____ Cremation Number (if known) _____

Please be advised that the scatter cannot proceed without providing the Cremation Certificate:

- I confirm I have included the Cremation Certificate with this form
- I confirm that I will provide the Cremation Certificate on the day of the scatter

Scatter Location _____

Applicant Details

Title _____ Forename(s) _____ Surname _____

Address _____
Postcode _____

Telephone _____ Email _____

Signature _____ Date _____

Relationship to Deceased _____

Funeral Director Details (only complete if applicable)

Name _____

Address _____

Telephone _____ Date _____

Please return to: Cemeteries Office, Nuneaton and Bedworth Borough Council, Town Hall, Coton Road, Nuneaton, CV11 5AA
Enquiries to: (024) 7637 6357 Email: cemetery.office@nuneatonandbedworth.gov.uk