



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