

# Ashes Scattering Booking Form



## 1. Whose ashes will you be scattering?

Full name: \_\_\_\_\_ DOB: \_\_\_\_\_

Date of death: \_\_\_\_\_ Gender: \_\_\_\_\_

## 2. Which date would you like to scatter the ashes?

Requested date: \_\_\_\_\_ Time of arrival: \_\_\_\_\_

## 3. Costs and Payment

Scattering of Ashes in Coppice - £200

### Payments

Paid by Cheque to Temple Fields Cemetery Limited. Paid by BACS to Account Number: 93171957 Sort Code 20-45-45

## 4. Signature & Declaration

I am the person to whom all correspondence should be sent and responsible for all payments. I can confirm that I have read, printed or saved a copy of the Terms and Conditions which can be found by visiting [www.temple-fields.co.uk/termsandconditions](http://www.temple-fields.co.uk/termsandconditions)

Signed: \_\_\_\_\_

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

When completed, please post this form to the registered address below or scan and email to [info@temple-fields.co.uk](mailto:info@temple-fields.co.uk)