

Scattering Application



WIMBORNE
Est: 1856 CEMETERY

Deceased Details

Full Name Mr/Mrs/Ms: _____ Maiden Name: _____

Last Residence: _____

Postcode: _____

Date of Birth: _____ Age: _____ Date of Death: _____

Occupation (before retired): _____

Place of Death: _____ Resident: Wimborne/Colehill/Pamphill or Non-Resident

Service Details

Day, date and time of scattering: _____ Cemetery Chapel: Yes / No

Time and place of Church Service: _____ Ministers Name: _____

Fees

	<u>Resident</u>	<u>Non-resident</u>
Scattering of ashes	£110	£220
Inc. supply of 6"x3" brass plaque and inscription (if into Garden Border)	£140	£280

Proposed Inscription

Please provide the **exact** wording on no more than 5 lines which, once approved, will be engraved onto a brass plaque supplied by Wimborne Cemetery JMC and fixed to the garden border. Once submitted, you will not be able to make any alterations.

Line 1: _____

Line 2: _____

Line 3: _____

Line 4: _____

Line 5: _____

Applicant Details (to be completed with applicant details not Funeral Director)

I hereby certify that the particulars stated above are correct and that I have received a copy of the Cemetery Regulations and agree to abide by them and any rule or regulation which may be introduced from time to time.

Mr/Mrs/Ms: _____ Relationship to the deceased: _____

Address: _____

Postcode: _____

Email: _____ Telephone: _____

Signed: _____ Dated: _____

Please send the Scattering Application and Cremation Certificate, together with the fee by BACS or cheque to: **Cemetery Manager, Wimborne Minster Town Council, The Town Hall, 37 West Borough, Wimborne, BH21 1LT.**

Unity Trust Bank: A/C: 24087302 Sort Code: 60-83-01

To be completed by Funeral Director:

Name of firm:

Address:

Telephone:

For office use:

R Non R

Receipt:

ROB Interment No:

ROB:

ROG: