

Valid until 31<sup>st</sup> March 2022

## 1. Whose ashes will be scattered?

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Date of death \_\_\_\_\_ Age \_\_\_\_\_

## 3. Cremation Certificate

 Received 

Please scan and email the original form(s) to us

Form Ref. No. /date \_\_\_\_\_

## 4. What type of event are you planning?

- Simple scattering
- Other \_\_\_\_\_

Numbers expected: people \_\_\_\_\_ / cars \_\_\_\_\_

Any special vehicles or other requests: \_\_\_\_\_

 Do you wish the custodian to be there?  Yes /  No

## 5. Environmental responsibility

Please ensure that no Oasis foam, plastics or cellophane flower wrapping or mementos are left at the burial ground.

### Office use:

 Calendar;  Cust;  Certs;  Paid: Inv \_\_\_\_\_

## 12. Signature and declaration

I declare that the information given on this form is accurate. 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 am bound by the Terms and Conditions

**IMPORTANT** Please let us know if your contact details change

Signature \_\_\_\_\_ Full Name \_\_\_\_\_

 Home address [ As above] \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Date \_\_\_\_\_ Relationship to 1. \_\_\_\_\_

How did you find out about us? \_\_\_\_\_

 Please send me updates on the burial ground and or your products and services by email  by phone 

 Your details will not be shared with other organisations. Our privacy policy is available on our website <http://www.leedam.com/>

## 6. Requested date:

\_\_\_\_\_

 Day: \_\_\_\_\_  Cust

Arrival time \_\_\_\_\_ departure \_\_\_\_\_

## 7. Funeral Company (if any)

Company \_\_\_\_\_

Contact \_\_\_\_\_

Tel \_\_\_\_\_

Email \_\_\_\_\_

## 8. The family representative on the day will be:

\_\_\_\_\_

Mobile \_\_\_\_\_

## 9. Will you use a celebrant or minister? Yes / No

Name \_\_\_\_\_

## 10. Who will bear and lower the ashes?

- Friends and family
- Funeral director's staff

 Please read and circulate our guide to health and safety  
<http://www.leedam.com/health--safety.html>

## 11. Payment (required two days beforehand)

**£200-** Paid to Leedam Natural Heritage  by bank transfer to A/c 06006136, S/c 80-02-38, quoting ref: HM+Yourname

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