

No. Of Entry.....

A/c No.....

Number & Date of Dig Sheet Dispatched.....

Book of Remembrance

Fees £.....

Entered By.....

**SWANAGE TOWN COUNCIL
GODLINGSTON CEMETERY
MEADOWLAND BURIAL GROUND – SCATTERING OF ASHES**

Name of Deceased:

(Surname & Christian names in full)

Age:

Last Residence, stating Parish and County:

Date of Death:

Date of Proposed Scattering:

Hour:

Name of Officiating Minister (if any)

Cemetery Chapel Required YES / NO

Name & Address of Applicant:

Words required to be entered in the Book of Remembrance – Maximum of 4 lines.

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I hereby give notice that it is proposed to scatter the ashes of the above named person on the ashes bank in the Meadowland Burial Ground, Godlingston Cemetery and I certify that the particulars above stated are correct.

Signature:

Date:

To the Town Clerk
Swanage Town Council
Swanage