

Valid until 31st March 2019

1. Whose ashes will be scattered?

Full name _____

Address _____

Postcode _____

Date of death _____ Age _____

3. Cremation Certificate

Received

Please send 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? _____

We would like to be able to contact you about future changes at the burial ground and any new options that become available. If you agree to being contacted this way please tick the relevant boxes: Email Post Phone

Return to: Leedam Natural Heritage, 26 Agincourt Square, Monmouth, NP25 3BT Tel: 01600 716438

Fax: 0843 22 77 235 Email: aylesbury@leedam.com Website: <http://www.aylesburynaturalburials.co.uk/>

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)

£180 - Paid to Leedam Natural Heritage by cheque or

by BACS 06006136, 80-02-38, quoting ref: AV+Yourname

The rights are pre-purchased, Reg No. _____