



BELPER TOWN COUNCIL

Scattering of Ashes – Service Request Form

(Only the Next of Kin or Executor may request this service)

Name: _____

Address: _____

Town / City: _____

Postcode: _____

Tel: _____

Mobile _____

Name of Deceased: _____

Relationship to the Deceased: _____

Park or Green Space requested for the scattering: _____

Date & Time requested for scattering: _____

I have read and understood the Scattering Ashes Policy provided by Belper Town Council.

Signed: _____ **Date:** _____

Please return form to:

Belper Town Council, St John's Chapel, The Butts, Belper, Derbyshire, DE56 1HX or email to clerk@belpertowncouncil.gov.uk

Office Use Only:

Approval Granted YES / NO **Date:** _____

Approval Sign: _____