



I have read and understood Sections 1 & 2 of this form and I agree to the disposal of the remains of the deceased in the manner indicated overleaf

**SIGNATURE OF APPLICANT ARRANGING INTERMENT**

**PLEASE PRINT YOUR NAME AND ADDRESS:-**

.....  
 (Mr / Mrs / Ms / Miss)

..... **POST CODE:** .....

**TEL. NO:** ..... **DATE:**.....

FOR OFFICE USE:	FEES DUE:	£	P
Cremation No: .....	Disposal of Ashes (attended / unattended)		
Certificate for Cremation Received: .....	Sanctum 2000 / Sanctum 2 / Vase Block		
Debit/Credit Card/Cash payment .....	.....		
Cheque no: .....			
Receipt no: .....	(Cheque to be made payable to Herefordshire Council)		