Herefòrdshire.gov.uk

PRELIMINARY APPLICATION FOR SCATTERING OF CREMATED REMAINS IN THE GARDEN OF REFLECTION OR INTERMENT OF CREMATED REMAINS IN THE INFORMAL GARDEN OF REMEMBRANCE OR IN THE MILLENNIUM GARDEN AT HEREFORD CREMATORIUM									
This is an interactive PDF form which you can electronically type into the fields or print to fill out manually.									
To be completed by the Applicant and returned to Bereavement Services, Crematorium Office, Westfaling Street, Hereford HR4 0JE Tel: 01432 383200 Email bereavement@herefordshire.gov.uk. AT LEAST THREE CLEAR WORKING DAYS prior to the interment taking place, together with payment please.									
PLEASE RING TO MAKE THIS APPOINTMENT WITH US PRIOR TO RETURNING THIS FORM									
DAY, DATE AND HOUR PROPOSED FOR THE CREMATED REMAINS INTERMENT:									
Day:		Date			at:		A.M. / P.M.		
If the d	isposal of	cremate	ed remains is	to be unatte	ended	please indicate	e:		
			Yes	Νο					
FULL NAMES OF THE DECEASED:									
Mr Mrs Miss	s Ms								
Permanent Address									
Postcode									
Age Last Birthday:			Occupation:						
Name of Officiating N	/inister and M	linistry:							
Are you using a Funeral Director? (if yes, please give their details)									
Ar	e you brin	ging the	e cremated re	mains with y	vou?	(Please Tick)			
			Yes	Νο					
1. DISPOSAL OF	CREMAT		IAINS						
PLEASE COMPL	ETE SECI	TION: (A	A, B, C, D, E O	r F)					
A. Please Tick	Scattering of cremated remains in the GARDEN OF REFLECTION.								
B. Please Tick	Loose interment of cremated remains, WITHOUT a casket, in the lawn of the INFORMAL GARDEN OF REMEMBRANCE, in an unmarked location.								
C. Please Tick	Interment of cremated remains IN a casket, in the lawn of the INFORMAL GARDEN OF REMEMBRANCE, in an unmarked location.								
	The size of the cremated remains casket is:								
D. Please Tick	Loose interment of cremated remains, WITHOUT a casket, in the lawn of the INFORMAL GARDEN OF REMEMBRANCE, in an unmarked location.								

1

E. Please Tick										
	The size of the cremated remains casket is:									
F. Please Tick	Inter in the MILLE	INIUM GARDEN – please select your choice as shown below:								
Sanctu	m 2000 No:	- (cremated remains will be transferred to a polytainer)								
Sanctu	m 2 No:	- (cremated remains will be transferred to a polytainer)								
Vase Bl	ock No:	(cremated remains will be a loose interment, without a casket, in - the lawn of the Millennium Garden, in an unmarked location)								
	If the Millennium Garden option is chosen, other application forms will be required to be completed.									
Please note:- All gardens are a shared place of rest and the placing of plants, crosses, vases or other forms of unauthorised memorial cannot be permitted. Any such items may be removed without notice.										
2. MEMORIAL IN	FORMATION									
Bereavement Services offer various forms of memorial in memory of the deceased. Information regarding these memorial options will be posted to you.										
If you do not wish to receive this information, please indicate by ticking the box.										
I have read and understood Sections 1 (A), (B), (C), (D) (E) and (F) of this form and I agree to the disposal of the remains of the deceased in the manner as indicated by me.										
dispo	osal of the remains	of the deceased in the manner as indicated by	me.							
SIGNATURE C	OF APPLICANT ARF	RANGING INTERMENT								
PLEASE PRINT YOUR NAME, ADDRESS AND OTHER DETAILS BELOW:										
Please print: Mr		Ms								
Address										
Postcode										
Tel. No:		E-Mail Address:								
Date:										
FOR OFFICE USE		FEES DUE:	£	Р						
Cremation No:		Disposal of Ashes (attended / unattended)								
Certificate for Cremation Received:		Scattering in the Garden of Reflection								
Debit/Credit Card/Cash payment		Cremated remains interred in the informal Garden of Re- membrance OR informal Millennium Garden Lawn*:								
Cheque no:		LOOSE or IN CASKET (in polytainer for Sanctum vault)								
Receipt no:		(Casket size to be notified prior to interment)								
	oremaleu Eisewileie	Sanctum 2000 / Sanctum 2 / Vase Block* (Cheque to be made payable to Herefordshire Council)								
Herefordshire Council is the Data Controller under data protection law and will use the information you provide on this form in order to process your application. The legal basis for processing this data is our legal obligations for providing bereavement services. We will keep your data in accordance with our Record Retention Schedule. Where necessary we may share this personal data										

with partner organisations for the protection of public funds administered which may include the prevention or detection of fraud and auditing purposes. Individuals have a number of rights under data protection law, including the right to request their information. You also have a right to make a complaint about our handling of your personal data to the Information Commissioner's Office

2

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