

# FORGET ME NOT FIELDS

## NATURAL BURIAL GROUND

### NOTICE OF INTENT TO SCATTER

for the scattering of ashes

#### DETAILS OF THE DECEASED

**Full Name**  
of deceased

**Date of Birth**

**Date of Death**

**Age**  
at time of death

**Full Address**  
of deceased

#### NEXT OF KIN DETAILS

**Name**

**Full Address**  
if different from above

**Relationship**  
to above

**Email Address**

**Phone Number**

#### PLEASE NOTE

Ashes must be scattered in such a way that no visible traces of ash remain. Any heaps left will be re-scattered afterwards.

Ashes must not be scattered on or near existing plots, the grass, trees, paths or stone bench seating areas.

#### AGREEMENT AND SIGNATURE(S)

I / we the applicant(s) have read, understood and agreed to abide by all regulations particularly those appertaining to what's permitted for memorials and flowers on plots and those about the requirements and materials for coffins and urns. I / we also agree for these personal details to be stored and processed by Forget Me Not Natural Burial Ground for reasons related to the burial site.

Signature

Date

#### Scattering Time and Date (if known)

Date

Time

Additional Notes

Funeral Directors