



Clerk:
Rob Williams

Tiptree Parish Council
56 Church Road
Tiptree
Essex **CO5 0SU**

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TIPTREE PARISH COUNCIL
Acting as the Burial Authority

NOTICE OF SCATTERING OF ASHES AT TIPTREE PARISH COUNCIL MEMORIAL GARDEN

Name of deceased (in full) _____

Date of Birth of Deceased _____

Age of deceased _____

Address _____

Post Code _____

Name of Applicant: Address: _____

Telephone Number: _____

Email address: _____

Certificate of Cremation: date received _____
(please include a copy with your application)

I enclose payment for the sum of: £100 (*Scattering of ashes fee*)



Signature: _____

Date: _____

Please return this application form to the above address.
Please make cheques payable to Tiptree Parish Council.

If you wish to pay by BACs our account details are: Sort Code: **60:83:01** Acct: **20420822**