



**Clerk:**  
Rob Williams

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

**Telephone:** (01621) 817030  
**Email:** clerk@tiptreeparishcouncil.gov.uk

**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 \_\_\_\_\_

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**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*)



(**tick all that apply**)

£ 50 (*Placement of Memorial Plaque on wall*)



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**

Tiptree Parish Council Memorial Garden – Scattering of Ashes 2021  
**VAT Number: 104000261**