



MONUMENT MEADOW
NATURAL BURIAL GROUND

APPLICATION FOR A LICENCE
TO OCCUPY A BURIAL SPACE
OR TO SCATTER ASHES
— PRE-PURCHASE FORM —

The applicant hereby applies for a licence to occupy a burial space or to scatter ashes at Monument Meadow Natural Burial Ground.

BURIAL SITE

NAME: Monument Meadow Natural Burial Ground

SITE ADDRESS: Chester Road, Farndon, Chester, Cheshire CH3 6QP

SITE MANAGER: Carole Tomlinson

TELEPHONE: 07725 073596 EMAIL: carole@monumentmeadow.co.uk

DETAILS OF APPLICANT

FULL NAME: _____

ADDRESS: _____

_____ POSTCODE: _____

TELEPHONE: _____ EMAIL: _____

DETAILS OF GRAVE & COFFIN

Type of grave: (please tick one)

Single burial plot

Double burial plot
(eg husband & wife
with adjacent plots)

Family burial plot

Number of adjacent
plots required: _____

Type of coffin if known (eg wicker coffin, shroud) _____

Name(s) of the person /people to be buried:

Religion (if any): _____

Specific requests or instructions: _____

DETAILS OF ASHES FOR INTERMENT OR SCATTERING

Name of the person whose ashes will be interred or scattered:

Type of service: Ashes to be scattered Ashes to be Interred

Material of Urn (if known): _____

Specific requests or instructions: _____

DETAILS OF NEXT OF KIN

NAME: _____

ADDRESS: _____

_____ POSTCODE: _____

TELEPHONE: _____

EMAIL: _____

RELATIONSHIP TO PLOT OWNER: _____

CERTIFICATES

The Right of Burial Certificate and Authority is to be left in the care of: _____

DECLARATION

I, the applicant, have read, understood and agree to abide by the Monument Meadow Natural Burial Ground Terms and Conditions. I agree to notify Monument Meadow if my contact details change.

SIGNED: (Applicant) _____

PRINT NAME: _____

DATE: _____

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