



**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: David Atkinson

TELEPHONE: 07974 390436 EMAIL: david@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:

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Religion (if any): \_\_\_\_\_

Specific requests or instructions: \_\_\_\_\_

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## DETAILS OF ASHES FOR INTERMENT OR SCATTERING

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

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

Material of Urn (if known): \_\_\_\_\_

Specific requests or instructions: \_\_\_\_\_

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## 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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