

Valid until 31st March 2021

1. Whose ashes will be scattered? Title: _____

Address _____

_____ Postcode _____

Date of birth _____ Age _____

Date of death _____ Gender _____

 3. Cremation Certificate Received

Please scan and email the original form(s) to us

Form Ref. No. /date _____

4. What type of event are you planning?

 Simple scattering

 Other _____

Numbers expected: people _____ / cars _____

Any special vehicles or other requests: _____

 Do you wish the custodian to be there? Yes / No

5. Environmental responsibility

Please ensure that no Oasis foam, plastics or cellophane flower wrapping or mementos are left at the burial ground.

Office use:
 Calendar; Cust; Certs; Paid: Inv _____

12. Signature and declaration

I declare that the information given on this form is accurate. I am the person to whom all correspondence should be sent and am responsible for paying the amounts shown above and confirm that I have read, printed or saved a copy of the Terms and Conditions which apply (<http://www.leedam.com/burial-contract-terms.html>) and understand that on completing this application I am bound by the Terms and Conditions

IMPORTANT Please let us know if your contact details change

Signature _____ Full Name _____

 Home address [As above] _____

_____ Postcode _____

Telephone _____ Mobile _____

Email _____

Date _____ Relationship to 1. _____

How did you find out about us? _____

 Please send me updates on the burial ground and or your products and services by email by phone

 Your details will not be shared with other organisations. Our privacy policy is available on our website <http://www.leedam.com/>

 Return by: Fax: **0843 22 77 235** or Email: cothiemuir@leedam.com

 Tel: 01600 716438 | Website: www.aberdeennaturalburials.co.uk

6. Requested date:

 Day: _____ Cust

Arrival time _____ departure _____

7. Funeral Company (if any)

Company _____

Contact _____

Tel _____

Email _____

8. The family representative on the day will be:

Mobile _____

9. Will you use a celebrant or minister? Yes / No

Name _____

10. Who will bear and lower the ashes?

 Friends and family

 Funeral director's staff

Please read and circulate our guide to health and safety

<http://www.leedam.com/health--safety.html>

11. Payment (required two days beforehand)

£195 - Paid to Leedam Natural Heritage by bank transfer to A/c 06006136, S/c 80-02-38, quoting ref: CH+Yourname

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