

Cremation No:

.....

Cremation Date:

.....

Name of Deceased:

.....



St. Helens Council

Crematorium

St. Helens Crematorium
Rainford Road
St. Helens
Merseyside
Telephone: 01744 677406/7

I hereby authorise you to arrange for the disposal of the above's cremated remains by the following method (please indicate your choice by ticking the relevant box):

It is my intention to be present ***YES / *NO** (*please circle)

A

Scattering on the Memorial Rose Garden

B

Scattering on the Memorial Garden Lawn

C

Scattering on an existing Seasonal Bed in the Memorial Garden

(this option is only available if a relative is already scattered on the bed)

Relative's name and date of death

Location

D

Buried on the Garden of Remembrance

(If it is not possible to bury cremated remains on the same lawn as relatives the nearest lawn will be chosen)

Relative's name and date of death

Location

E

Scattering on the Garden of Remembrance at Newton Cemetery

F

Burial in Grave: Section Number (*St. Helens / *Newton)

*Delete

G

Collected by

of

NOTE: This form must be signed by the person who signed Statutory Form 1 (application for cremation).

Signature: Date:

Address: