

Scarborough Borough Council
Woodlands Crematorium

Woodlands Drive Scarborough YO12 6QN
Tel: 01723 - 354393 / 372652

**APPLICATION TO STREW CREMATED REMAINS IN THE GARDEN OF
REMEMBRANCE AT WOODLANDS CREMATORIUM SCARBOROUGH
or LARPOOL LANE CEMETERY WHITBY**

WHERE THE CREMATION HAS TAKEN PLACE ELSEWHERE

Deceased

Name

Address

.....

.....

Date of death

Cremated at

To be strewn :-

a/ In a new place YES or:

b/ In the same place as

.....

.....

Ref No. if known

Site, if known

Is an appointment for attendance required by mourners YES / NO

If YES, when -

Day Date Time

Will the Applicant be attending the scattering, if attendance is indicated? If not a letter of authority is required from the Applicant in order to proceed with the strewing.

Applicant for the Cremation:

NB This form must be signed by the person who applied for the cremation on statutory form Cremation Form 1

Name (Mr, Mrs, Miss, Ms)

Address

..... Postcode

Telephone Number.....

Signature Name in capitals

Funeral Director (if used)

Name

Address

..... Tel