

BRECKLAND CREMATORIUM LTD

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Office use only

Away Number :

APPLICATION FOR CREMATED REMAINS FROM ANOTHER CREMATORIUM	
Full Name of Deceased:	
Deceased Address:	
	Post Code:
Name and address of Crematorium where cremation took place:	
	Post Code:
Please attach a copy of the Certificate of Cremation. The original Certificate of Cremation must accompany the cremated remains.	
Date of Death:	Age at Death:
Do you require:	Scattering in our gardens
Please confirm what the cremated remains are in	
Full Name of Applicant:	
Applicants Address:	
	Post Code:
Telephone Number:	Mobile Number:
Email Address:	
Were you the applicant for the Cremation If no, please attach a letter of consent signed by the applicant that they agree to the request on this form.	
Do you require a new memorial? 🗌 Yes 🗌 No	
Is there an existing memorial? Yes No Existing Mem	orial is for:
Approx date of death:	
Please attach a letter of consent signed by the applicant that they agree to the cremated remains being laid to rest if you are not the applicant for Memorial.	
Please send me an application pack for a	memorial
I do / do not * wish to witness the scattering. * delete as necessary	
I have contacted the office and provisionally made an appointment for:	
PLEASE NOTE: Any item, such as flowers in cellophane, plants, pots, cards, ornaments or toys etc. placed at the memorial or in the Garden of Remembrance will be removed within seven days. Perishable items will be discarded and non perishable items will be kept for 6 months before being discarded.	
Applicants Signature:	
	Date:
PAYMENT INFORMATION	
GDPR Statement	

Breckland Crematorium has a duty to process and store your personal information safely and securely in line with current data protection legislation, as amended or updated from time to time, in the UK. Please ask if you wish to see our GDPR Policy.