

**Crewkerne and West Crewkerne Joint Burial Committee**

Peter Davidson: Clerk to the Committee  
Town Hall, Market Square, Crewkerne, TA18 7LN

**Notice of Interment: Scattering of Ashes**

**This Notice is to be delivered to the above address at least TWO DAYS prior to any interment.**

**Particulars of the person who's ashes are to be scattered**

Full name .....  
Address including postcode .....  
.....  
.....  
Profession or trade (if retired, profession before retirement.) .....  
Age .....  
Date of death Day.....Month.....Year.....  
Place where death occurred .....

**Details of scattering of ashes**

Date .....  
Time .....  
Name of minister intended to officiate. ....  
Use of a cemetery chapel required? .....  
New or Old Section .....

**Full name & address of Executor**

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**Signature of Applicant.....**

**Date.....**

For Office use:

Fee Paid ..... Receipt No .....