

Groby Parish Council

Parish Council Office, Village Hall, Leicester Road, Groby, Leicester. LE6 0DQ
Tel: 0116 2876 985 www.groby.com Email: parishclerk@groby.com



Scattering of Ashes - Service Request Form & Memorials / Plaques

Garden of Remembrance – Section: _____

Name and Address of Person requesting Services (only next of kin or executor may request this service)

Full Name: _____

Address: _____

Post Code: _____

Tel: _____ Mobile: _____

Name of deceased: _____

Relationship to the deceased: _____

Date and Time requested for scattering: _____

MEMORIAL

PLAQUE only

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

TREE

ROSE BUSH

plaque details overleaf

plaque & details overleaf

plaque & details overleaf

I have read the Cemetery Regulations and Scattering Ashes Policy in force at Groby Village Cemetery and understand the contents therein.

Signed: _____

Dated: _____

Fee:	Receipt No:
Registered in Book of Remembrance:	G of R Section:
	Dated:
Signature of Registrar:	

It is important that you keep the Parish Council Office informed of any change of address.

Please write clearly in block capitals - remember to leave spaces between names or initials.

INSCRIPTION FOR PLAQUES

Plaque Location: _____

Plaque No: _____

Colour of Rose Shrub: _____

Name of Tree: _____

Tree No. & Location: _____

Signature of applicant: _____

Date of application: _____

FOR OFFICE USE ONLY
Applicant Details Checked? Yes/No
Date Order Acknowledged:
Date ordered/proof requested:
Date confirmation received and order confirmed:
Date received/place and applicant advised that memorial has been placed:

Please return this form together with payment.

Cheques are to be made payable to Groby Parish Council to the address on the form