

KIRBY MUXLOE PARISH COUNCIL

Parish Council Office
Station Road
Kirby Muxloe
Leicester
LE9 2EN
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Web - www.kirbymuxloe-pc.org.uk



Scattering of Ashes Service Request Form

Rose Garden

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 - see grid for details of inscription

I have read the Cemetery Regulations in force at Kirby Muxloe Cemetery and understand the contents therein.

Signed.....

Dated thisday of20.....

Fee:	Receipt No:
Registered	Rose Garden Section: dated: `
Signature of Registrar	