

Scattering of Cremated Remains from elsewhere

I, (applicant's name)	
of (address)	
request the cremated remains of (deceased's name)	
of (address)	
who was cremated at	_____ Crematorium
to be scattered in the Garden Of Remembrance at	Sandwell Valley Crematorium <input type="checkbox"/> Rowley Regis Crematorium <input type="checkbox"/>

Plot/Section:	
Same as:	
Appointment details:	
Do you wish to be present for the scattering of the cremated remains	Yes <input type="checkbox"/> No <input type="checkbox"/>

Signed:	
Date:	

By signing this form, you are stating you were the applicant for the cremation at the said crematorium/the person responsible for the disposal of the remains as authorised by the applicant.

I understand a fee will be payable to Sandwell MBC – please see our current fees and charges for the amount payable.

Once completed, please return to The Registrar at Bereavement Services Office using the freepost envelope as enclosed, together with the “Crematorium Disposal Certificate”, and payment.

Payments can be made by cheque, cash, postal order or credit card by telephone, post or in the office.

General Data Protection Regulations (GDPR): The personal data provided to Sandwell Metropolitan Borough Council Bereavement Services in this form, is collected and will be managed in accordance with Data Protection Legislation, and is collected solely for the purposes of processing the request for bereavement services, in respect of the deceased person named. The personal data will not be shared with any other parties or organisations, and will be stored for 7 years in accordance to financial regulations. A full copy of the privacy notice can be found at www.sandwell.gov.uk/bereavement

Registration Services

Sandwell Valley Crematorium, Newton Road, West Bromwich, West Midlands, B71 3SX

Sandwell Register Office, "Highfields", High Street, West Bromwich, B70 8RJ