



**WOKINGHAM**  
**BOROUGH COUNCIL**

## Scattering of Ashes – Service Request Form

Name & address of person requesting service  
(Only next of kin or executor may request this service)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Tel: \_\_\_\_\_

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Name of deceased: \_\_\_\_\_

Relationship to the deceased: \_\_\_\_\_

Location requested for the scattering: \_\_\_\_\_

Date & time requested for scattering: \_\_\_\_\_

I have read and understood the scattering ashes policy provided by Wokingham Borough Council.

Signed

\_\_\_\_\_

Date \_\_\_\_\_

Please return form to Registration Services (Cemeteries), Shute End, Wokingham, Berkshire RG40 1BN or email to: [cemeteryadmin@wokingham.gov.uk](mailto:cemeteryadmin@wokingham.gov.uk)

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Office use only:

Approval granted YES/NO \_\_\_\_\_ Date \_\_\_\_\_

Approval signature: \_\_\_\_\_ Invoice Sent date: \_\_\_\_\_