

**Yatton Parish Council**

**Garden Of Remembrance**

**Certificate for the Scattering of Ashes No: .....**

.....(Funeral Directors)

are authorised to strewn in the Garden Of Remembrance in Yatton Parish Burial Ground

the cremated remains of the late .....

of .....

on .....(Date)

Age: ..... Died: .....

Cremation Certificate No: .....

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***On the instructions of***

Name: .....

Address: .....

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Funeral Director: .....

Address: .....

Fee Received: ..... Receipt No: .....