LETTER OF REQUEST

TO SEND ONES ASHES SKYWARD

 *Insert the name,* I,

*address of*

*person making*

*the request.*

make the following request:

TO HAVE MY CREMATED REMAINS SCATTERED BY WAY OF A BEAUTIFUL AND SPECTACULAR FIREWORKS DISPLAY

USING THE PROFESSIONAL SERVICES OF ‘ASHES TO ASHES’

MY PREFERENCE FOR THE LOCATION IS

*Set out a description*

*of the location you*

 *wish to be closest to*

*see Q&A page on*

*our web site for*

*information.*

I understand that this is not a legal document but is a request to my loved ones, friends, family and estate.

*Signature of*

*Person making*

*the request*

Signed at on of

Please attach this copy to your existing WILL or store in a safe place.

ASHES TO ASHES

P.O. BOX 36 ERSKINEVILLE NSW 2043

www.ashestoashes.com.au