



St. Botolph's Garden of Remembrance is an attractive and peaceful garden open for the interment of ashes, located within the walls of the churchyard. The garden is divided into plots of a foot square, which will be allocated to the deceased by the Rector. All ashes must be interred loose, rather than in caskets and cannot be scattered.

Our Rector will be available to conduct the committal service for you on the basis that the deceased meets the eligibility criteria (as set out below.)

Eligibility for Burial

The cremated remains of the following may be interred:-

1. Any resident of the Ecclesiastical Parish of Chevening
2. Any person who died in the parish or any person whose name was on the Electoral Roll of the parish at that time
3. The widow or widower of any person whose ashes have already been interred in the Garden of Remembrance.
4. Any person who has had an established/historic connection to St. Botolph's church
5. At the discretion of the Rector, any other person who had a connection with St Botolph's.

Fees

| | |
|----------------------------|------|
| Burial of Cremated Remains | £198 |
| Monument Fee | £35 |
| Gravedigger | £65 |
| Stonemason | £TBC |

*All fees are reviewed annually
by the Church of England.*

Inscriptions on the Memorial Stones

The full name and year of birth and death may be engraved on the memorial stones in the following format: John Edward Smith 1945 – 2015. There are a maximum of 22 characters for the name – spaces count as characters. No other inscription, marking, individual monument or plaque is allowed. Our stonemason will confirm the inscription fee upon receipt of your requirements and payment for this will be made separately.

Who to Contact

An interment can be organised through your Funeral Director or directly with the Chevening Church Office.

Please return your completed booking form to the Church Office or alternatively via email: office@cheveningchurch.org

Payments of £292 can be made via bank transfer using the details below.

Name: **Chevening Parochial Church Council** (Business Account)
Sort Code: **20-76-55**
Account no: **50105872**
Ref: **(Your name)**

If you wish to speak to someone regarding an interment, please contact Donna Hill our Parish Administrator at the church office.
office@cheveningchurch.org | Tel: 01732 753433 | Mob: 07934 279797

Booking Form

| | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| DETAILS OF THE DECEASED | | | | | | | | | | | | | | | | | | | | | | | | |
| First Name(s)_____ | | | | | | | | | | | | | | | | | | | | | | | | |
| Surname_____ Age _____ Date of Birth _____ | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Death _____ Address at Death _____ | | | | | | | | | | | | | | | | | | | | | | | | |
| _____Postcode_____ | | | | | | | | | | | | | | | | | | | | | | | | |
| YOUR CONTACT DETAILS | | | | | | | | | | | | | | | | | | | | | | | | |
| Name _____ | | | | | | | | | | | | | | | | | | | | | | | | |
| Email _____ Phone _____ | | | | | | | | | | | | | | | | | | | | | | | | |
| Preferred date and time of interment | I confirm that the deceased meets the eligibility criteria for burial in the Garden of Remembrance. <i>Please specify what criteria number.</i> | | | | | | | | | | | | | | | | | | | | | | | |
| Date: __/__/____ Time: | | | | | | | | | | | | | | | | | | | | | | | | |
| Preferred Inscription NAME | | | | | | | | | | | | | | | | | | | | | | | | |
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| I confirm that the details above are correct. | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature | Date | | | | | | | | | | | | | | | | | | | | | | | |

OFFICE USE ONLY

Rector: _____

Invoice Paid: _____
