



LETTER OF REQUEST
TO SEND ONES ASHES SKYWARD

*Insert the name,
address of
person making
the request.*

I,

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

ashes to ashes
sending their ashes skyward

*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
ABN 73 151 531 108