**Application to scatter ashes for next of kin**

Concerns the ashes after:

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| Name: |
| Address: |
| National id.nr.: |
| Date of death: |
| Name of the person responsible for the ceremony: |
| The requested place for scattering ashes. Detailed description should include municipality (kommune), place name etc. A map marked with the place must be attached: |

For the application to be processed, minimum two people must confirm the wishes of the deceased:

Name om next of kin: National id.nr. and telephone nr.:

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It was the express wish of the deceased onto us that after their passing their ashes were to be scattered to the winds.

Date: ………………

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Signature Signature Signature

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| Name and address of the person(s) requesting a written respons: |

The scattering of ashes is permitted in areas that are not developed and have a deserted character, primarily in the high mountains or in desolate forest areas. The spreading of ashes is also permitted in fjords and oceanic areas that are immediately connected to the open sea. Scattering of ashes is not permitted in areas with significant traffic or in proximity to bodies of water or sources of drinking water.

It is not permitted to set down a memorial stone/gravestone or engrave an existing family gravestone in a graveyard if you have elected to scatter the ashes of the deceased.

**The application must be sent to Statsforvalteren (The County Governor) in the county where the scattering of ashes is requested to take place.**

Address: Statsforvalteren i Innlandet, Postboks 987, 2604 Lillehammer.