



City of Chanhassen
7700 Market Blvd.
P.O. Box 147
Chanhassen, MN 55317

Application to Scatter Cremated Remains

APPLICANT INFORMATION

Name: _____

Address: _____ City: _____ Zip: _____

Home Telephone: _____ Work Telephone: _____

Email: _____

INFORMATION ABOUT DECEASED

Name of Deceased: _____

Date of Death: _____

DETAILS OF SCATTERING CEREMONY

Preferred date for scattering ashes (day/month/year): _____

Preferred location: _____

Person(s) carrying out ceremony: _____

Contact Information: _____

Number of people expected to attend ceremony: _____

Any other pertinent information: _____

* Ceremonies are restricted to natural areas within the park system away from highly traveled areas. No additional mementos, e.g. vases, statues, etc. shall be permitted.