

# DELABOLE PARISH COUNCIL

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Tel. 07869725450

## Notice of Interment (Burial)

This NOTICE together with a CERTIFICATE FOR BURIAL must be delivered to the Clerk of the Council at least 2 Days before interment may take place. Please use capital letters on this form.

### Details of the Deceased

Title Mr. Mrs Miss. Ms \_\_\_\_\_ Forenames(s) \_\_\_\_\_

Surname \_\_\_\_\_

Permanent Address \_\_\_\_\_

Occupation \_\_\_\_\_

Place where Death occurred \_\_\_\_\_

Date of Death \_\_\_\_\_ Male / Female \_\_\_\_\_ Age at last birthday \_\_\_\_\_

### Funeral Arrangements

Date of Funeral \_\_\_\_\_ Approx. time of arrival at cemetery \_\_\_\_\_

Minister Attending \_\_\_\_\_

Has the space been purchased in advance \_\_\_\_\_

Allocated or pre-purchased grave space \_\_\_\_\_ External Dimensions of coffin \_\_\_\_\_

Depth of grave Single 4'3'' or Double 6' \_\_\_\_\_

Name of Funeral Director \_\_\_\_\_

Address & Contact details \_\_\_\_\_

### Details for the Purchase of a New Grave

Surname of Purchaser \_\_\_\_\_ Forenames \_\_\_\_\_

Address \_\_\_\_\_

Relation to Deceased \_\_\_\_\_

### Details for the Re-Opening of Grave

Grave Location Reference \_\_\_\_\_ Grant No \_\_\_\_\_

Names & Dates of previous internments \_\_\_\_\_

other information \_\_\_\_\_

### Person making this application

Signed \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

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Please leave blank :- Burial Fee £ \_\_\_\_\_ Recd. Yes/no \_\_\_\_\_ Date \_\_\_\_\_

Entered in register yes/no \_\_\_\_\_ Marked on Plan yes/no \_\_\_\_\_