

NOTICE OF INTERMENT OF CREMATED REMAINS

The original Certificate of Cremation must be included with this form.

DECEASED DETAILS - Full name of deceased:

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Place at time of death:

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Date of death: Age at death:

Usual or former residence:

.....

Have you attached proof of residency?

BURIAL DETAILS

Date and time of interment:.....

Name of Minister:.....

Grave No: Section:

Casket Depth: Single, Double, Triple

Name and contact of Undertaker:

.....

Tel:.....

PURCHASER / DEED HOLDER DETAILS

Name of Deed Holder / Nominated Representative:

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Relationship to Deceased:.....

Address:.....

Post Code.....

Telephone:.....

For burials in an existing grave space, please state the deed number:.....

I have received and/or read a copy of the Rules and Regulations relating to interment at The Cemetery, Stokesley Road, Brompton and agree to abide by these.

Signed: Deed Holder / Nominated Representative:

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