

CROSCOMBE PARISH COUNCIL

Parish Clerk: Joe McGhee
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Beynon
Fayreway
Croscombe
BA5 3QZ

APPLICATION FOR INTERMENT

Please complete ALL sections | Please Note the cemetery is Unconsecrated

Note: Written application must be received at least TWO FULL working days prior to interment

DECEASED

Full Name: - _____

Home Address: - _____

Place and Date of Death: - _____

Occupation of Deceased: - _____ Age: - _____

INTERMENT ARRANGEMENTS

Date: - _____ Time: - _____ Cemetery: - _____

Name and Address of Undertaker: - _____

Plot Number _____ Depth: Single

Total Size of Coffin/Casket including handles:- _____ Denomination:- _____

Officiating Minister:- _____ Chapel Required YES / NO

EXCLUSIVE RIGHT OF BURIAL

Has the exclusive right been purchased:- YES / NO or being purchased YES / NO

Name and Address of Purchaser / Applicant:- _____

Signature:- _____ Date:- _____

FEES INTERMENT

Adult - Single £
Child (under 10 years Single Depth) £
One month or stillborn £

Total £
Other fees (if applicable) £

Grand Total Enclosed

EXCLUSIVE RIGHTS

(IN ADDITION TO INTERMENT FEE)

Adults £
Child (under 10 years) £
Burial of Casket in Purchased Grave Space £
Single Depth £

Total £

£

FOR OFFICE USE ONLY

Burial Register No:- _____ Purchased Grave No:- _____

Plot No: _____ Deed No:- _____

Receipt No:- _____ Date Registered:- _____