

CROSCOMBE PARISH COUNCIL

Parish Clerk: Linda Roslyn
clerk@croscombeparishcouncil.co.uk
07734 742977 (voicemail)

9 Tudor Pole Road
Glastonbury
BA6 9RD

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: - _____