

ELLISFIELD PARISH COUNCIL
clerk@ellisfield.gov.uk

**APPLICATION FOR THE PLACEMENT OF CREMATED REMAINS INTO
ELLISFIELD PARISH COUNCIL BURIAL GROUND**

Full name of the Deceased _____

Occupation (if under 18 years of age Name and address of parents _____

Age last birthday _____ DOB _____

Last Residence of deceased _____
_____(Since (date))_____

Place of death _____

Date of death _____

Date and Time of Funeral _____

Officiating Minister YES/NO* If YES Name is required _____

Denomination _____

Name and Address of purchaser _____

Telephone no _____

Email address _____

Signed _____

Date _____

Signed on behalf of Burial Authority _____

Date _____

FOR CEMETERY USE ONLY

Date payment received _____

Memorial No.....

Invoice No _____

Placements can only be arranged via the Parish Council Clerk

I have read and understood the Burial Ground Rules and Regulations for Ellisfield Parish Council Burial Ground, agree to adhere to them and notify the Parish Council should my contact details change.

Signature _____

Relationship to the deceased _____

Funeral Directors

Name _____

Address _____

Telephone number _____

Email Address _____