

ELLISFIELD PARISH COUNCIL
clerk@ellisfield.gov.uk

NOTICE OF INTERMENT IN 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 _____ DOB _____

Last Residence of deceased _____

(Since (date)) _____

Place of death _____

Day and Date of Funeral _____

Time the funeral will arrive at Cemetery _____

Officiating Minister _____

Denomination _____

If Grave already Purchased, state Section _____ Number _____
Section and Number of Grave, Grant Number _____ Date _____
Number of Grant and Date Purchased

Maximum overall Dimensions of Coffin/Casket Length _____ ft _____ in Width _____ ft _____ in

Please state whether coffin or remains _____

FOR CEMETERY USE ONLY

Date payment received _____
Invoice No _____
Deed granted _____
Deed of Grant No _____
Date Deed sent _____

Grave No.....
Interment Fee
Exclusive Right
TOTAL _____

APPLICATION TO PURCHASE EXCLUSIVE RIGHT OF BURIAL IN A PRIVATE GRAVE

I DESIRE to purchase the exclusive right of burial in the grave in which the afore-named deceased is to be interred, and the following is my full name and address:

Full Name _____ (block letters) *Mr / Mrs / Ms

Address _____

_____ (Postcode) _____

Contact Telephone number _____

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

Signature _____

Relationship to the deceased _____

Funeral Directors

Name _____

Address _____

Telephone number _____

Email Address _____