APPLICATION FOR INTERMENT OF ASHES IN ST ANDREW'S CEMETERY

No interment may take place unless notice of interment is received by the Clerk to the Council at least 7 working days prior to the date of interment.

1 Full Name of Deceased (including title)					
2 Last Permanent Address of Deceased					
3 Date of Death		4 Date of Birth		5 Sex	Male / Female
6 Place where Death Occurred					
7 Date and Time	of Intended Interme	ent			
of the potential to in	es Plot: s or next of kin must the later other members on the Exclusive Right of	f the family in the			
Re-opening: Name of person last interred			Row No		
9 Size of casket (must be made of biodeç	gradable materials)			
10. Name of Applic	cant / Funeral Direc	tors			
Contact teleph Email address					
11. Name of pers Telephone nu Email address		terment			
12. Grave Owner's permission for a depth test, re-opening of an existing grave and interment to take place			Name		
FOR OFFICE USE ONLY: Burial Register No Purchase Register No			Exclusive Right of Burial: £ Interment Fee: £		
Receipt No				TOTAL PAI	ID: £