## Hamble-le-Rice Parish Council

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## **APPLICATION FOR BURIAL 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 Burial				
inter other members of Exclusive Right of But	n must be made aware of the family in the same	e plot, subject to	Depth required: double / triple		
<b>Re-opening:</b> Name of person last interred Please send a copy of the certificate of Exclusive Right of Burial with this form.			Row No		
9 Coffin dimensions in inches (coffins or caskets must be made of biodegradable materials)			Length Width Depth*		
			* The maximum measurement from the bottom to the highest point of the coffin lid		
9 Name of Officia	ting Minister				
10. Name of Applicant / Funeral Directors					
Contact telephone number					
and email address					
FOR OFFICE USE ONLY:  Burial Register No			Exclusive Right of Burial: £		
Purchase Register No			Interment Fee: £		
Receipt No				TOTAL PA	ID. Ł