

# WHITCHURCH CEMETERY

Town Clerk, The Civic Centre, High Street, Whitchurch, SY13 1AX Tel 01948 665761  
(This form is to be returned to the Town Clerk **48 hours prior** to the interment/burial)

## NOTICE OF INTERMENT

**TYPE OF INTERMENT** (PLEASE TICK AS APPROPRIATE)      New Grave.....      New Cremation Plot .....

Burial within existing grave ..... (Grave No).....

Cremated Remains within an existing grave..... (Grave No) .....

**NAME OF DECEASED** (in full) .....

**PLACE WHERE DEATH OCCURRED** .....

Usual Address (if different from above)

**AGE OF PERSON TO BE INTERRED** ..... **DATE OF DEATH** .....

**DATE OF INTERMENT** ..... **ARRIVAL TIME AT CEMETERY** .....

**PLACE OF WORSHIP AT WHICH SERVICE IS TO BE HELD AND TIME OF SERVICE**.....

**NAME OF MINISTER TO OFFICIATE** .....

**NUMBER OF GRAVE SPACE** ..... **BLOCK**.....

**HAS THE EXCLUSIVE RIGHT OF BURIAL BEEN PURCHASED?** .....

**IF A NEW GRAVE IS BEING PURCHASED THE FULL NAME AND ADDRESS OF PURCHASER** .....

..... **TEL NO.** .....

The Whitchurch Town Council wishes to point out that it has a duty to remove potential dangers from the Grave Plot and therefore reserve the right to remove any unsafe memorial, breakable item, fencing, kerbstones or any unauthorised object.

I have read and understood the Rules and Regulations Governing the Management and Maintenance of the Whitchurch Cemetery and in particular the Regulation that the Cemetery is Maintained as a Lawn Cemetery and that No planting is permitted upon the Graves.

**Signature of Applicant** ..... **Date** .....

**FUNERAL DIRECTORS** ..... **Tel No.** .....

**Proposed depth of grave** ..... **Coffin size** .....

INTERMENT FEE	EXCLUSIVE RIGHT FEE	DEED FEE	TOTAL	ACCOUNT NO.