



NOTICE OF INTERMENT IN SHERFIELD ON LODDON BURIAL GROUND

Full name of the Deceased _____

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

Age last birthday DOB _____ DOB _____

Late Residence _____
_____(Since (date))_____

If not within Sherfield on Loddon Parish; state date moved away from Sherfield _____

Last Sherfield address: _____

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

If New Grave required, state _____
Whether double or single depth required

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

Please state whether coffin or _____
remains

If Cremains, please state Burial or _____
niche wall Niche _____

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 understand that kerbs and surrounds will not be permitted. Vases – one headstone is allowed with up to three vases placed horizontally adjacent to the headstone not extending out onto the grave space further than 8 inches. Integral vases are permitted

Signature _____

Relationship to the deceased _____

APPLICATION FOR EXISTING PRIVATE GRAVE TO BE REOPENED

I HEREBY give authority for Grave Number _____ Section _____ to be reopened for the Interment of the above named deceased, AND PRODUCE HERewith THE GRANT OF RIGHT OF BURIAL

I DECLARE that I am the person authorised to give this instruction, and I will indemnify Burghfield Parish Council against all claims etc, which may be suffered in consequence.

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

Address _____

_____ (postcode) _____

Contact telephone number _____

Signature _____

*Registered Owner / Executor of Registered Owner / Next-of-Kin of Registered Owner *please delete whichever is inapplicable

Relationship to the Deceased _____

FUNERAL DIRECTOR

Address _____

Telephone Number _____ Date _____