

CHESIL BANK PARISH COUNCIL
APPLICATION FOR BURIAL IN PORTESHAM BURIAL GROUND

INTERMENT FORM

NAME OF THE PERSON TO BE BURIED:

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ADDRESS:

.....

OCCUPATION:

AGE OF THE DECEASED:

ADDRESS WHERE DEATH OCCURRED:

.....

DATE OF DEATH

DAY, DATE & TIME OF BURIAL

NAME OF MINISTER

GRAVE NO / GARDEN OF REMEMBRANCE PLOT NO.

DEPTH OF GRAVE

IS EXCLUSIVE RIGHT REQUIRED? YES / NO

IF YES, NAME & ADDRESS OF PURCHASER & RELATIONSHIP TO DECEASED

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NAME & ADDRESS OF FUNERAL DIRECTOR

.....

.....

TELEPHONE NO.

SIGNED.....DATE.....

ADDRESS.....

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