

WALGRAVE PARISH COUNCIL

Tel: 07990 660123 email: clerk@walgraveparishcouncil.gov.uk

APPLICATION FOR INTERMENT AT WALGRAVE CEMETERY

Details of Deceased		
Name:	Date of Death:	Age:
Home Address:		
Duration resident in Walgrave: (years)	from:	to:
Address where death occurred:		
Interment		
of Ashes or Body:	Requested Date and Time:	
Size of grave space required:	Full Size: (9ft x 4ft)	Cremated remains: (2ft x 2ft)
Name of Officiating Minister: (if applicable)		
Grave No. (if previously purchased):		
Depth of Grave or No. of spaces required in Grave:		
Is Exclusive Right of Burial (EROB) required? Yes/No:		
Details of Applicant		
Name:	Relationship to deceased:	
Address:		
Telephone Number:	Email:	
Memorial		
Does a Memorial already exist on the Grave Yes/No	Will there be a requirement to erect a Memorial following this Interment Yes/No	
Details of Funeral Director		
Name:	Contact Name:	
Address:		
Telephone:	Email:	

Application approved by: _____ (Print Name) Parish Clerk on behalf of Walgrave Parish Council	
Signed: _____	Dated: _____