

ST BRIAVELS PARISH COUNCIL

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WHEN COMPLETED PLEASE RETURN TO: Clerk to St Briavels Parish Council (see website for contact details)

NOTICE OF: INTERMENT INTERMENT OF ASHES SCATTERING OF ASHES
(Tick as appropriate)

AT: St Briavels Cemetery
FROM: (Name of Undertakers)
(Address of Undertakers)

DETAILS:
Surname (of person to be buried)
Forename(s)
Address

Description as to profession, trade etc of person to be buried
Age of person to be buried (in years at last birthday).....
Date of death
Parish in which death occurred
Date on which the burial is to take place.....
Hour of the day at which the funeral will arrive at the burial ground.....

Name and address of the MINISTER intended to officiate.....
(Payment of fees is the responsibility of the Undertaker)

Section of Cemetery for burial – Church of England/Non-Conformist/Roman Catholic/Children’s
Interment or scattering of Ashes

Marks of grave space to be occupied..... Grant No (if purchased).....*

Max. size of coffin Length Width

Proposed depth of grave..... State if re-opening YES / NO

Is the exclusive Right of Burial required? YES / NO

If YES, by whom? Name
Address

If grave is already purchased, please give name and address of present owner and grant number:.....
.....

Signed (Undertaker) Date

NOTES

Grant No. will be shown on the Certificate issued to the purchaser

OFFICE USE ONLY

CHARGES

Please see reverse of form