

SOUTHBOROUGH TOWN COUNCIL



Southborough Civic Centre
Council Offices
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Southborough
Kent TN4 0NA

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INTERMENT FORM

- PLEASE COMPLETE THE FORM AND RETURN TO THE ABOVE ADDRESS AS SOON AS POSSIBLE.
- IF THE GRAVE HAS BEEN PURCHASED ALREADY THEN PLEASE ATTACH THE DEED OF GRANT OF EXCLUSIVE RIGHTS OF BURIAL AS PROOF OF PURCHASE – THIS WILL BE RETURNED TO YOU.
- IF THE GRAVE IS BEING PURCHASED THEN WE WILL SEND THE DEED OF GRANT OF EXCLUSIVE RIGHTS OF BURIAL FOLLOWING COMPLETION OF THE APPLICATION FORM.
- PLEASE INCLUDE THE CERTIFICATE FOR BURIAL/CREMATION IN YOUR PAPERWORK

<p>NAME OF FUNERAL DIRECTOR AND APPLICANT (FULL NAME):</p> <p>FUNERAL DIRECTOR OR APPLICANT'S ADDRESS (INC. POSTCODE):</p> <p>APPLICANT'S SIGNATURE:</p> <p>DATE:</p>	<p>Funeral Director:.....</p> <p>Applicant:.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>FULL NAME OF DECEASED:</p> <p>DATE OF DEATH:</p> <p>AGE:</p> <p>LAST RESIDENCE (INC. POSTCODE):</p> <p>PLACE WHERE DEATH OCCURRED: (IF DIFFERENT FROM LAST RESIDENCE)</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

DATE AND TIME OF INTERMENT:	.....
NAME OF MINISTER:	.....
USE OF CHAPEL:	YES/NO
DEPTH OF GRAVE:	SINGLE/DOUBLE/ASHES/REOPEN
SIZE OF CONTAINER:	Lid Size..... Length..... Width..... Depth.....
TYPE OF CONTAINER:	COFFIN/CASKET/CREMATED REMAINS/OTHER
CONTAINER MATERIAL:	.....

DETAILS OF GRAVE:	Section..... Grave No.....
<u>IF PRE-PURCHASED</u>	
GRAVE OWNER (FULL NAME):	.....
ADDRESS (INC. POSTCODE):	..... ..... .....
TELEPHONE:	.....
DEED NUMBER:	.....
DATE OF PRE-PURCHASE:	.....
SIGNATURE (WHERE OBTAINABLE)	.....
<u>IF NEW PURCHASE</u>	
GRAVE PURCHASER (FULL NAME):	.....
RELATIONSHIP TO THE DECEASED:	.....
ADDRESS (INC.POSTCODE):	..... ..... .....
TELEPHONE:	.....
DATE:	.....
SIGNATURE	.....