SOUTHBOROUGH TOWN COUNCIL

Tel: (01892) 529176 Fax: (01892) 541402



Southborough Civic Centre Council Offices 137 London Road Southborough Kent TN4 0NA

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

APPLICANT'S FULL NAME:	
APPLICANT'S ADDRESS (INC. POST CODE)	
APPLICANT'S SIGNATURE:	
DATE:	
FULL NAME OF DECEASED:	
DATE OF DEATH:	
AGE:	
5 YEAR ADDRESS HISTORY	
LAST RESIDENCE (INC. POSTCODE):	
(1110: 1 0010002).	
LENGTH OF TIME AT LAST RESIDENCE:	From: To:

Email: admin@southboroughcouncil.co.uk

PREVIOUS ADDRESS 1	
LENGTH OF TIME AT PREVIOUS ADDRESS 1:	From:
PREVIOUS ADDRESS 2	
LEGNTH OF TIME AT PREVIOUS ADDRESS 2:	From:
PLACE WHERE DEATH OCCURRED: (IF DIFFERENT FROM LAST RESIDENCE)	
	From:
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
TYPE OF CONTAINER:	COFFIN/CASKET/CREMATED REMAINS/OTHER
CONTAINER MATERIAL:	

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

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