

# 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

<b>NAME OF FUNERAL DIRECTOR:</b>	Funeral Director:.....
<b>FUNERAL DIRECTOR'S ADDRESS (INC. POSTCODE):</b>	..... ..... ..... .....
<b>POINT OF CONTACT:</b>	.....
<b>TELEPHONE NUMBER:</b>	.....
<b>EMAIL ADDRESS:</b>	.....
<b>DATE:</b>	.....
<b>NAME OF APPLICANT:</b>	.....
<b>APPLICANT'S FULL NAME:</b>	..... .....
<b>APPLICANT'S ADDRESS (INC. POST CODE)</b>	..... ..... .....
<b>APPLICANT'S SIGNATURE:</b>	.....

**FULL NAME OF DECEASED:**

.....

**DATE OF DEATH:**

.....

**AGE:**

.....

**5 YEAR ADDRESS HISTORY**

**LAST RESIDENCE  
(INC. POSTCODE):**

.....  
.....  
.....  
.....

**LENGTH OF TIME AT  
LAST RESIDENCE:**

**From:** .....  
**To:** .....

**PREVIOUS ADDRESS 1**

.....  
.....  
.....  
.....

**LENGTH OF TIME AT  
PREVIOUS ADDRESS 1:**

**From:** .....  
**To:** .....

**PREVIOUS ADDRESS 2**

.....  
.....  
.....  
.....

**LEGNTH OF TIME AT  
PREVIOUS ADDRESS 2:**

**From:** .....  
**To:** .....

**PLACE WHERE DEATH OCCURRED:  
(IF DIFFERENT FROM LAST RESIDENCE)**

.....  
.....  
.....  
.....

**From:** .....  
**To:** .....

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

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