



BURGHFIELD PARISH COUNCIL
 P.O. BOX 7381
 READING
 BERKS
 RG1 9XP
 Tel: 0118 970 1754
 Email: burghfieldclerk@gmail.com

NOTICE OF INTERMENT IN BURGHFIELD BURIAL GROUND

Full name of the Deceased _____

Occupation (if under 18 years of age
 Name and address of parents) _____

Age last birthday _____ DOB _____

Late Residence _____
 _____ (Since (date)) _____

If not within Burghfield Parish; state date moved away from Burghfield: _____ and

Last Burghfield address: _____

Place of death _____

Day and Date of Funeral _____

Time the funeral will arrive at Cemetery _____

Officiating Minister _____

Denomination _____

If Grave already Purchased, state Section _____ Number _____
 and Number of Grave, Number of Grant
 and Date Purchased Grant Number _____ Date _____

If New Grave required, state
 Whether double or single depth required _____

Maximum overall Dimensions of
 Coffin/Casket Length _____ ft _____ in Width _____ ft _____ in

Please state whether coffin or cremains _____

FOR CEMETERY USE ONLY

Date cheque received: _____

Invoice No: _____

Deed granted _____ meeting _____

Deed of Grant No: _____

Date Deed sent: _____

Grave No.

Interment Fee: _____

Exclusive Right: _____

TOTAL _____

**APPLICATION TO PURCHASE EXCLUSIVE RIGHT OF BURIAL
IN A PRIVATE GRAVE**

I DESIRE to purchase the exclusive right of burial in the grave in which the afore-named deceased is to be interred, and the following is my full name and address:

Full Name _____ (block letters) *Mr / Mrs / Ms

Address _____

_____ (Postcode) _____

Contact Telephone number _____

I understand that kerbs and surrounds will not be permitted.

Vases – one headstone is allowed with up to three vases placed horizontally adjacent to the headstone not extending out onto the grave space further than 8 inches. Integral vases are permitted

Signature _____

Relationship to the deceased _____

APPLICATION FOR EXISTING PRIVATE GRAVE TO BE REOPENED

I HEREBY give authority for Grave Number _____ Section _____ to be reopened for the Interment of the above named deceased, **AND PRODUCE HEREWITH THE GRANT OF RIGHT OF BURIAL**

I DECLARE that I am the person authorised to give this instruction, and I will indemnify Burghfield Parish Council against all claims etc, which may be suffered in consequence.

Full Name _____ (block letters) *Mr / Mrs / Ms

Address _____

_____ (postcode) _____

Contact telephone number _____

Signature _____

*Registered Owner / Executor of Registered Owner / Next-of-Kin of Registered Owner

*please delete whichever is inapplicable

Relationship to the Deceased _____

FUNERAL DIRECTOR _____

Address _____

Telephone Number _____ Date _____