CANNINGTON PARISH COUNCIL

CANNINGTON CEMETERY

Request for	Burial of a Body Interment of Ashes					
[highlight appropriately]						
	1					
	Burial	of a Body o	or Interment of	Ashes		
Surname of Deceased			Forename[s]			
Address						
Date of Death			Place of Death			
Date of Birth [Optional]			Age			
Using Existing Grave	Yes/N	0	If yes, Plot Nu	umber		
New Grave Required	Yes/No	Plot Number		Depth Sing Do Oth	uble	
Date and Time of Buria	al or Interment					
Date Fee Received			Amount of Fee	£		
Person arranging the bu [Undertaker / Relative /				•		
Address						
Telephone Number						
Person sending Registrar's Return [Green Form]						
		to Erect a ⊦ ⊤	leadstone, Moi			
Date Application Form R		Fee Received	l £			
Name and Address of Person making application						
Date Approved and by whom		Council		Clerk		
Date Approval Sent			1		1	
		1				

CANNINGTON PARISH COUNCIL

CANNINGTON CEMETERY

Request for [highlight appropriately]	Reservation of a Grave Space					
[[iigiiiigiii appiopiialeiy]	Reservation of a plot for the Interment of Ashes					
Full Name of Applicant						
Address						
Telephone Number		Date of Application	Date of Application			
Grave/Plot intended for						
Depth of Plot Single Double Other		Plot Number				
Reservation Fee Receive	ed	£	£			
	ī	Decision				
Reservation Agreed		Reservation Declined				
Decision made by	Clerk	Cemetery Committee	Full Council			
Date of Decision		Date Approval Sent				