Appendix 2 CPC Date Received:

CANNINGTON PARISH COUNCIL CANNINGTON CEMETERY

APPLICATION FOR INTERMENT

Request for [delete as appropriate]	Burial of a Body				
- ', ', -	Interment of Ashes				
	Burial o	of a Body o	r Interment of	f Ashes	
Surname of Deceased			Forename[s]		
Address					
Date of Death			Place of Death		
Date of Birth [Optional]			Age		
Using Existing Grave or Ashes plot	Yes/No		If yes, Plot Number		
New Grave or Ashes Plot Required	Yes/No	Plot Number		Depth Single Double	
Date and Time of Burial	or Interment				
Next of Kin Details		1.			
(Please provide details of 2 family members if possible)		2.			
Exclusive Right of Burial Grant No (if applicable)					
Fee payable		£	Date Received		
Person arranging the burial/interment [Undertaker / Relative / Other]					
Address					
Telephone Number					
Person sending Registrar's Return [Green Form]		Cannington Parish Council Clerk Date sent to Registrar: -			