Appendix 2 CPC Date Received:

**CANNINGTON PARISH COUNCIL**

**CANNINGTON CEMETERY**

**APPLICATION FOR INTERMENT**

|  |  |
| --- | --- |
| **Request for***[delete as appropriate]* | Burial of a BodyInterment of Ashes  |
|  |
| **Burial of a Body or Interment of 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(Please provide details of 2 family members if possible) | 1.2. |
| 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 ClerkDate sent to Registrar: -  |
|  |  |  |  |
|  |  |