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 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 Clerk  Date sent to Registrar: - | | | |
|  | |  |  |  | |
|  | |  | | | |