

**BROCKWORTH PARISH COUNCIL
PARISH COUNCIL OFFICE, COMMUNITY CENTRE,
COURT ROAD, BROCKWORTH, GLOUCESTER, GL3 4ET
TELEPHONE: 01452 863123 FAX: 01452 864985**

NOTICE OF INTERMENT OF CREMATED REMAINS (revised 2011)

1. DETAILS OF THE DECEASED

Surname of deceased..... Forenames.....

Address.....

Occupation.....

Place where death occurred.....

Age..... Date of death.....

2. INTERMENT ARRANGEMENTS

Name of funeral director.....

Address of funeral director.....

Date of Interment..... Time of Arrival at Cemetery.....am/pm

Minister attending..... Religion

Signature..... Date

3. DETAILS OF INTERMENT OF ASHES IN CREMATION AREA

Cremation Memorial Number

Name(s) and Date(s) of Previous Interment(s)

4. DETAILS FOR INTERMENT OF ASHES IN GRAVE PLOT

Grave No..... Grant No.....

Name(s) and Date(s) of Previous Interment(s)

Any other information.....

5. DETAILS OF NEXT OF KIN/EXECUTOR

Name of next of kin/executor.....

Address.....Postcode.....

Relation to deceased.....

6. **I CONFIRM that I have read and agree to abide by the rules and regulations of this burial ground.**

Signed (next of kin/executor)..... Date.....