

Burial Ref:

Fee:

Receipt:

Date:

NOTICE OF INTERMENT FOR

BARROW UPON TRENT CEMETERY,

TWYFORD ROAD, BARROW UPON TRENT

|  |  |  |  |
| --- | --- | --- | --- |
| Full name and title of deceased | |  | |
| Age of deceased |  | Date of Death |  |
| Full address at time of death | | Full permanent address prior to death | |
| Burial date |  | Time at which the funeral will arrive at the Cemetery |  |
| Venue of service | | Name of officiate | |
| Name and address of Funeral Director | |  | |
| Details of the person to be registered as the owner of exclusive burial rights  *(by signing this you agree to abide by the terms & conditions set out by the Parish Council)* | | | |
| Title and full Name | |  | |
| Address | |  | |
| Email | |  | |
| Signature of the owner of exclusive burial rights | |  | |

I hereby certify that the above particulars are correct and that the family have been made aware

of the terms & conditions

Informant/Funeral Director Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date