

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