

INTERMENT REQUEST FORM

Information About the Deceased							
Title		Forename(s)					
Surname				Sex	Male / Female		
Date of Birth				Date of Death			
Residential Address				Place where death occurred			
Information About the Next of Kin / Applicant / Personal Representative							
Full Name							
Address				Home Telephone			
				Mobile Telephone			
Relationship to the Deceased							
Interment Details							
Type of Interment	Ashes / Burial	Date			Time		
Exclusive Rights of Burial							
Have Exclusive Rights already been purchased				Yes / No - If yes, please provide details below			
Name of Purchaser							
Address of Purchaser							
Cemetery	Bardney Cemetery, Horncastle Road	Part Number			Plot Number		
Please provide further information regarding the plot location i.e. beside the grave of...., in the grave of....							
Funeral Details							
Location	Graveside / Church - please provide details						
Funeral Director Company Name				Funeral Director Contact Name			
Funeral Director Telephone				Funeral Director Email			

SIGNED DATE

PRINT NAME

OFFICE USE

Exclusive Rights Number		Cemetery Section		Grave Number		Number in Burials Register	
Green Slip Returned	Yes / No	Exclusive Rights Fees		Interment Fees		All Fees Received?	Yes / No