WINSTER PARISH COUNCIL

Request for Interment in Winster Cemetery

Please answer all questions in full using blocked capitals

Date of Burial Time
Full Name of Deceased
Last Address of Deceased
Post Code
Date of Death
Occupation
Faith/Religion
Place Where Death Occurred
Death Certificate Issued by
At the Time of Death Deceased was Married/Single/Widowed/Divorced* (*Delete as appropriate)
Name of Minister
Exact Grave Depth/Size Exact Coffin Size
If a New Grave
- Full Name and Address of Person Owning/Purchasing* the Exclusive Right of Burial (Deed) (*Delete as appropriate)
Deed Number.
Grave Space Number
Relationship to Deceased
Is it intended that a further coffin be interred at a later date? Yes/No (*Delete as appropriate)
(Please consider this question carefully, as a grave dug to a single depth will only take a single interment).
If a Re-open Grave Grave No
Does the grave have a headstone Yes / No* (*Delete as appropriate)
Is a Monumental Mason required to move Yes / No* (*Delete as appropriate)

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- Names of Previous Interments		
Full Name and Address of Applicant	/ Deed Holder Authorising Open	ing
Relationship to Deceased	Signature	
Name and Address of Funeral Director	or	
Telephone Number	Email	
Name and Address of Grave Digger a		
Telephone No		
I certify that the above particulars are	e correct. Signature	
	Date	
This form and must be returned to Burial and payment in full at least The Clerk of Winster Parish Council	ast two working days before	the date of interment to:
For official use only		
Date Received	Fee Paid	Deed No
Burial Reg No	Grave No	Plan Marked
Receipt No	Records Completed	(Clerk)