

Blackawton Cemetery
Application for a burial in Blackawton Cemetery

Surname of deceased:

Forenames:

Sex:Age:

Home Address:

.....

Date of Death:

Where death occurred:

Date of Burial: Time:

Grave No:

Type of Grave (please circle): General area or Cremation Double or Single

If cremation please attach copy of Cremation Certificate.

New Grave or Re-open:

Details of last interment (if applicable):

Removal of memorial (if applicable):Yes / No.....

Minister:

.....

Name and Address of Funeral Director:.....

.....

..... Phone:.....

Applicant's Details:

Name:

Address

.....

Phone

Email

I confirm I am entitled to Exclusive Right of Burial and/or to represent the descendants of the deceased and that I am not aware of any contention.

Signature..... **Date:**

Please submit this form to:

Annette Thom (Ms), Parish Clerk

FreeSpirit, Higher Street, Dittisham, Dartmouth, Devon, TQ6 0HT

Phone: 01803 722 417

In accordance with our responsibility under the Data Protection Act, the personal information on this form will be held by the Council and used in the management of the Cemetery.

OFFICE USE ONLY

Date received

Date approved/refused

Fees

Signature of Clerk to the Burial Authority

Date
