

**Blackawton Cemetery**

**Application for a burial in Blackawton Cemetery**

Surname of deceased: .....

Forenames: .....

Sex: .....Age: .....

Home Address: .....

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Date of Death: .....

Where death occurred: .....

.....

Date of Burial: ..... Time: .....

Grave No: .....

Type of Grave (General area or Cremation): .....

If cremation please attach copy of Cremation Certificate.

New Grave or Re-open: .....

Details of last interment (if applicable): .....

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

Minister: .....

.....

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

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

Name of Purchaser of Grave and relationship to the deceased:

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Address.....

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Phone .....

Email .....

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

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**Please submit this form to:**

*Annette Thom (Ms), Parish Clerk*

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

*Phone: 01803 722 417*

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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

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