



HENFIELD PARISH COUNCIL HENFIELD CEMETERY

NOTICE OF INTERMENT OF REMAINS

DETAILS OF DECEASED

Full name of Deceased.....

Date of death..... Age at death.....

Place at time of death.....

Usual or former residence.....

Previous Occupation.....

DETAILS OF BURIAL

Date and time of interment

Name and address of Minister

.....Tel No.....

Grave Number.....Cemetery section.....

Casket depth required.....Casket material.....

Name and address of Undertaker

Email.....Tel No.....

DETAILS OF PURCHASER/DEED HOLDER

Name of Purchaser/Deedholder *(please delete as appropriate)*

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Relationship to Deceased

Address

Email.....Tel No.....

For burials in an existing grave space, please
provide the original deed number

Signed: Purchaser/Deed holder

Date