

This notice of interment must be received by the Clerk to the Joint Burial Committee at the address below with the necessary fee at least three working days prior to any interment. Please print the following information:

Details of the deceased	
Title & full name of deceased:	
Place of normal residence of deceased:	
Resident or non-resident at time of death: * See <i>Cemetery Fees</i> for clarification	Resident <input type="checkbox"/> Non-resident <input type="checkbox"/>
Age & date of birth (dd/mm/yyyy) of deceased:	
Gender of deceased:	
Occupation of deceased:	
Date of death (dd/mm/yyyy):	
Place of death:	

Details of the interment	
Date of interment (dd/mm/yyyy):	
Time of interment (hh:mm):	
Name of Officiator:	

Details of the grave		
Grave/plot number:		
Type of grave/plot:	New:	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Re-open:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Depth of grave/plot:	Single:	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Double:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Exclusive Right of Burial Deed of Grant number:		
Description of casket or coffin:		
External measurements of casket or coffin (mm):	Length:	
	Depth:	
	Width (at widest point):	

Details of the Funeral Director	
Name of Funeral Director:	
Address of Funeral Director:	
Telephone number of Funeral Director:	
Email address of Funeral Director:	

Details of applicant	
Name of applicant:	
Relationship to deceased:	
Are you the Holder of the Exclusive Right of Burial (if previously purchased)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Signature of applicant:	
Address of applicant:	
Telephone number of applicant:	
Email address of applicant:	
Date of application:	

Please return this form, together with the relevant certificates and appropriate fees, to:

Ms Jennifer Eva
 Pencombe Group Parish Council
 6 Callow End
 Ledbury
 Herefordshire
 HR8 1BG
 clerk@pencombegrouppc.org.uk

For office use only	
Fees paid:	Resident <input type="checkbox"/> £ Non-resident <input type="checkbox"/> £
Date received:	
Burial number:	
Part C posted:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Plan updated:	Yes <input type="checkbox"/> No <input type="checkbox"/>