

For OFFICE use only

Fees _____

Receipt number _____

Date _____

Register of Burials Number _____

Register if Purchased Graves _____

Grant of Rights number _____

Grave number _____

Parishioner/ Non-parishioner



Wells City Council

NOTICE OF INTERMENT IN THE BURIAL GROUND

This notice is to be delivered between the hours of 10.00am and 1.00pm, 2.00pm and 4.00pm Monday to Friday, at the Clerk's office, Cemetery Lodge, 127 Portway, Wells BA5 1LY, at least THREE days previous to any interment, exclusive of Saturday, Sunday and public holidays.

PLEASE ANSWER ALL QUESTIONS CAREFULLY AND ACCURATELY

1. **NAME IN FULL** of PERSON to be buried or whose ashes are to be interred _____
2. **AGE** of person to be buried or ashes as above _____
3. **OCCUPATION** of deceased. If retired, please state profession or trade, if known.
If a minor, name and address of parents _____
4. **HOME ADDRESS** of deceased _____

5. **DATE** of DEATH _____
6. **PLACE** where death occurred _____
7. **NUMBER** of GRAVE SPACE to be occupied _____
8. If not previously purchased, **NAME** and **ADDRESS** of person to whom Certificate of Right of Burial is to be made out _____

9. **GRANT NUMBER** (or state if exclusive Right of Burial is not purchased) _____
10. **DATE** of BURIAL _____
11. **TIME** of funeral's arrival at Cemetery _____
12. **NAME** of MINISTER officiating _____
13. Is **CHAPEL** required? _____
14. Proposed **DEPTH** of GRAVE _____
15. Type of ground: Consecrated / Not Consecrated
16. **SIZE** of COFFIN _____

NAME & ADDRESS OF APPLICANT _____

Signature _____

Date _____

Funeral Director _____