**Interment Request Sheet**

Please complete this Notice and send ***at least three days prior to the interment*** to:

**By post: Clerk to West Dean Parish Council, 53 Skylark Avenue, Emsworth, PO10 7GB**

**Email: westdeanpc@yahoo.com**

**Tel: 07596884847**

|  |  |
| --- | --- |
| Christian names and surname of the person to be buried: |  |
| Occupation of person to be buried: |  |
| Age of person to be buried: |  |
| Ordinary residence of person to be buried: |  |
| If this is not in the Parish of West Dean, has the deceased lived in the Parish in the last 5 years? | **YES/NO** |
| If **YES**, at which address in the Parish: |  |
| Date of leaving the Parish: |  |
| Place where death occurred: |  |
| Date of death: |  |
| Church, date and hour of Service and burial: |  |
| Name of Minister conducting the burial: |  |
| Depth of grave purchased: | **SINGLE/DOUBLE** |
| Has Right of Burial been purchased? | **YES/NO** |
| If **YES,** name of Purchaser:*If* ***NO****, and it is wished to purchase Right of Burial, please contact the Clerk for an* ***Application for Purchase of Exclusive Right of Burial*** *form.* |  |
| Name and Address of Applicant |  |
| Name and address of Undertaker: |  |
| ***For official use***: Grave marked |  |

**Please answer all the following questions:**

Grave and Coffin Details (please indicate)

Pre Purchased Grave □ Re-Open □

New Grave □

If new grave please specify type required, burial or cremated remains plot. Please compete Right of Burial Document.

|  |  |
| --- | --- |
| **Grave Number**: | Depth Required: Single or Double (5ft or 7ft) |
| **Grant Number**: |  |
| Coffin Dimensions: Length: Width:Height:(from base to lid) | Casket Dimensions: Length:Width:Height:(from base to lid) |
| Locking Handles? Yes/NoPlease provide **actual maximum measurements** | Locking Handles? Yes/NoPlease provide **actual maximum measurements** |

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| Office Use only:Fee Enclosed?

|  |  |  |
| --- | --- | --- |
|  | £ | pence |
| New Grave Purchase |  |  |
| Interment Fee |  |  |
| Re-Open Fee |  |  |
| New Cremated Remains Plot |  |  |
| Receipt Number |  |  |
| **Total** |  |  |

 | Funeral DirectorName:Address:Tel:Email:Date of Application: |

Please make all payments by BACS to the following:

West Dean Parish Council

Ref: (name of deceased)

Account Number: 00940798

Sort Code: 20 20 62