



Gillingham Town Council

Town Hall, School Road, Gillingham, Dorset SP8 4Q

Telephone: 01747 823588 Email: GTC@gillinghamdorset-tc.gov.uk

APPLICATION FOR BURIAL/INTERMENT OF ASHES

NAME OF DECEASED (in full)	
ADDRESS OF DECEASED	
AGE OF DECEASED	
OCCUPATION	
DATE OF DEATH	
ADDRESS WHERE DEATH OCCURRED	
DAY, DATE, TIME OF BURIAL/INTERMENT	
RELIGION	
COMMON GRAVE OR PURCHASED	Common <input type="checkbox"/> Purchased <input type="checkbox"/>
GRAVE NUMBER	
GRAVE SECTION	C of E <input type="checkbox"/> Catholic <input type="checkbox"/> Ashes <input type="checkbox"/> Other <input type="checkbox"/>
GRAVE DEPTH	Single <input type="checkbox"/> Double <input type="checkbox"/> Ashes <input type="checkbox"/>
COFFIN / CASKET SIZE	
IF RIGHT OF BURIAL/INTERMENT HAS BEEN PREVIOUSLY PURCHASED, COMPLETE AS APPROPRIATE <small>Signature of the grave owner is required if the application is not being made by the owner or their next of kin.</small> SIGNATURE:	Date of Purchase: _____ Grant No: _____ Grave No: _____ Name of Purchaser: _____ Address of Purchaser: _____
IF RIGHT OF BURIAL/INTERMENT IS TO BE PURCHASED, COMPLETE AS APPROPRIATE	Name of Purchaser: _____ Address of Purchaser: _____

IF GRAVE IS TO BE RE-OPENED, GIVE FULL NAME AND DATE OF LAST INTERMENT	Name: Date of Interment:
NAME AND ADDRESS OF NEXT OF KIN I confirm that I have read and agree to abide by the Gillingham Cemetery Regulations SIGNATURE:	Name: Address: Relationship to Deceased:
NAME AND ADDRESS OF APPLICANT (if different to the Next of Kin) I confirm that I have read and agree to abide by the Gillingham Cemetery Regulations. SIGNATURE:	Name: Address: Relationship to Deceased:
CHURCH SERVICE	Location: Time:
WILL THE CEMETERY CHAPEL BE REQUIRED?	Yes <input type="checkbox"/> No <input type="checkbox"/>
DO YOU REQUIRE THE TOWN COUNCIL TO EXCAVATE AND PREPARE AN ASHES GRAVE?	Yes <input type="checkbox"/> No <input type="checkbox"/>
OFFICIATING MINISTER	Name:
FEES	Interment: £ Purchase of Grave: £ Additional Fees £ TOTAL FEE ENCLOSED: £
FUNERAL DIRECTOR DETAILS I confirm that I have read and agree to abide by the Gillingham Cemetery Regulations and have given a copy of the Rules and Regulations for Funeral Directors and Grave Diggers to the grave digger. SIGNATURE: PLEASE RETURN THE COMPLETED FORM WITH FEE AT LEAST TWO DAYS PRIOR TO THE INTERMENT	Name: Address:

OFFICE USE Date:	Grave No:	Exclusive Right of Burial No:	Receipt No: Entry No:
Computer Update:		Copy to Grounds Manager:	

Gillingham Town Council is committed to protecting and respecting the privacy of everyone and ensuring it is fully compliant under the General Data Protection Regulation and the Data Protection Act 2018. We process your personal data in accordance with the law, please see the privacy notice on our website (www.gillinghamdorset-tc.gov/privacy-policy), which provides more details on the processing of data.