



Gillingham Town Council

Town Hall, School Road, Gillingham, Dorset SP8 4QR
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: _____



Gillingham Town Council

Town Hall, School Road, Gillingham, Dorset SP8 4QR
Telephone: 01747 823588 Email: GTC@gillinghamdorset-tc.gov.uk

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"/>
OFFICIATING MINISTER	Name:
FEES	Interment: £ Purchase of Grave: £ Use of Chapel/Church £ TOTAL FEE ENCLOSED: £
FUNERAL DIRECTOR DETAILS I confirm that I have read and agree to abide by the Gillingham Cemetery Regulations. SIGNATURE: PLEASE RETURN THE COMPLETED FORM WITH FEE AT LEAST TWO DAYS PRIOR TO THE INTERMENT	Name: Address:

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