



Gillingham Town Council

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

GILLINGHAM CEMETERY

APPLICATION TO PURCHASE GRAVE SPACE

NAME OF DECEASED (if applicable)	
GRAVE NUMBER	
PLOT SIZE	Adult <input type="checkbox"/> Child <input type="checkbox"/> Ashes <input type="checkbox"/>
GRAVE DEPTH	Single <input type="checkbox"/> Double <input type="checkbox"/>
NAME & ADDRESS OF PURCHASER I confirm that I have read and agree to abide by the Gillingham Cemetery Regulations and that the details above are correct. SIGNATURE:	Name of Purchaser: Address of Purchaser: Relationship to Deceased: (if appropriate)
FUNERAL DIRECTOR/MEMORIAL MASON DETAILS (if applicable)	Name: Address: Tel No:

FEE PAYABLE TO GILLINGHAM TOWN COUNCIL £

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