

Pilning & Severn Beach Parish Council

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PILNING & SEVERN BEACH CEMETERY Interment Application

(Notice of Interment)

Day / Date / Time of Interment	t (Estimated arri	val at (Cemete	ery):	
Grave Section				Number	
New Grave YES / NO			Reopening YES / NO		
If this is a new grave you will receive a Grant of Rights or a Grave Deed, this will be issued by the Cemetery Clerk		Please state if which, i.e.: reopen 2nd of 2			
If reopening a grave please	give the detail	ls of th	e of p	erson in the e	existing grave
Name:			•		
Relationship to deceased:					
Date of interment:					
Type of Interment:	Full burial			terment of ated remains	Scattering of cremated remains
	YES / NO			/ES / NO	YES / NO
Owner of the grave (Grant o	f Rights), full :	name	and ad	ddress.	
Name:					
Address:					
Postcode:					
Relationship to the deceased:					
 Please provide the original grave	e deed, failure to	o provid	de origi	inal paperwork	will require either a

lost deed form or if deceased was the owner a Statutory Declaration needs to be made.

Is a service to be held at the grave side: YES / NO

Funeral Service					
Location					
Time:					
Officiant name:					
Telephone number:					
Email:					
Funeral Directors Name.					
Address:					
Postcode:	Tel:				
Email:	I				
Full name of the Deceased:					
(Please include any nicknames or known as – this must match up with any coffin plates)					
Address of the deceased at the time of		iciled):			
Postcode:					
Date of death:		Age at time of death:			
Place of death:					
Postcode:					
Next of Kin					
Full Name:					
Address:					
Postcode:					
Tel:					
Relationship to deceased:					

Green Certificate Number / Burial Order Number:

Please scan and email a copy, failure to provide original will postpone the interment.