

PILNING AND SEVERN BEACH CEMETERY

Grave Digging Form

Funeral Director

Name:

Address:

Postcode:

Tel:

Name of Deceased *(Please include nicknames or known as)*

Date, time of Interment (estimated time at Cemetery)

Grave Section and Number:

New Grave / Re open existing Grave:

Existing Grave, is there a Memorial to be removed? YES / NO

Name/s on Memorial:

Memorial Stone Mason to be instructed

Name:

Address:

Postcode:

Tel:

Depth to be excavated:

Coffin Dimensions

Lid Size:

Please Allow

(Funeral Directors please check size given matches actual coffin size)

Length=

Width=

Depth=

Any special coffin furniture:

(Please make sure that any name plates match up with the Application Form and can include any nicknames or known as)

Checklist for Cemetery Clerk and Grave Digger

Location of grave against Cemetery plan – YES / NO

Interment Check – Depth – YES / NO

Available space for future Interments –

Masonry removed YES / NO

Grave opened YES / NO, date

Grave Tidy

Any Special Instructions