



# FARCET PARISH COUNCIL

Mrs E Tajer  
Parish Clerk

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## APPLICATION FOR INTERMENT IN FARCET CEMETERY

NAME OF DECEASED .....MALE/FEMALE

ADDRESS PRIOR TO DEATH .....

.....

AGE LAST BIRTHDAY .....

DATE OF DEATH .....

WHERE DEATH OCCURRED .....

DATE & TIME OF FUNERAL/BURIAL .....

GRAVE REQUIRED SINGLE/DOUBLE

CREMATED REMAINS SINGLE/DOUBLE

DIMENSIONS OF COFFIN/CASKET.....

IS GRAVE ALREADY PURCHASED YES/NO IF YES No. OF GRANT .....

NAME & ADDRESS OF PURCHASER .....

.....

NAME & ADDRESS OF OFFICIATING MINISTER .....

.....

NAME & ADDRESS OF Funeral Director .....

.....

NAME AND CONTACT TELEPHONE NUMBER OF GRAVE DIGGER.....

.....

Signature..... Date .....

I agree to abide by the current cemetery regulations, a copy of which I have received.

Signature of Funeral Director who is responsible for the accuracy of information on this form

**AUTHORITY TO RE-OPEN EXISTING GRAVE**

This section to be completed by Registered Owner

I hereby consent to the interment of the deceased name on this Notice of Interment. I agree to abide by the current cemetery regulations, a copy of which I have received.

OWNERS FULL NAME (IN BLOCK CAPITALS)

SURNAME ..... FORENAMES .....

ADDRESS .....

Signature ..... Date .....