

For OFFICE use only

Fees _____

Register of Burials Number _____

Receipt number _____

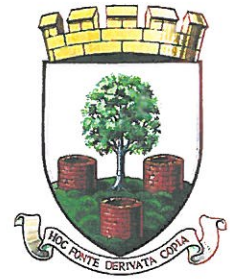
Register of Purchased Graves number _____

Grant of Right number _____

Date _____

Grave number _____

Parishioner/ Non-parishioner



Wells City Council

NOTICE OF INTERMENT IN THE BURIAL GROUND

This notice is to be delivered between the hours of 10.00am and 1.00pm, 2.00pm and 4.00pm Monday to Friday, at the Clerk's office, Cemetery Lodge, 127 Portway, Wells, at least THREE days previous to any interment, exclusive of Saturday, Sunday and public holidays.

PLEASE ANSWER ALL QUESTIONS CAREFULLY AND ACCURATELY

1. CHRISTIAN NAMES and SURNAME of PERSON to be buried or whose ashes are to be interred _____
2. AGE of person to be buried or ashes as above _____
3. OCCUPATION of deceased. If retired, please state profession or trade, if known. If a minor, name and address of parents _____
4. HOME ADDRESS of deceased _____

5. DATE of DEATH _____
6. PLACE where death occurred _____
7. NUMBER of GRAVE SPACE to be occupied _____
8. If not previously purchased, NAME and ADDRESS of person to whom Certificate of Right of Burial is to be made out _____
9. GRANT NUMBER (or state if exclusive right Of burial is not purchased) _____
10. DATE of BURIAL _____
11. TIME of funeral's arrival at Cemetery _____
12. NAME of MINISTER officiating _____
13. Is CHAPEL required? _____
14. Proposed DEPTH of GRAVE _____
15. Type of ground.....Consecrated/Unconsecrated
16. SIZE of COFFIN _____

NAME & ADDRESS _____

OF APPLICANT _____

Signature _____

Date _____

Funeral Director _____