

CORFE MULLEN TOWN COUNCIL

Council Office, Towers Way, Corfe Mullen, Wimborne, Dorset, BH21 3UA.
Tel.: 01202 698600 Email: office@corfemullen-tc.gov.uk. Town Clerk: Mrs K.M. Blee

Application For Burial In Corfe Mullen Cemetery

NB This form must be completed and delivered to the Council at least TWO days before the proposed interment together with either the green Certificate for Burial or Pink Certificate of Cremation*.

**If relevant certificate not available when submitting this form please forward as soon as possible and in any event PRIOR to the interment.*

Part 1 APPLICANT DETAILS

Applicant 1

Full Name	
Address	
Telephone Number	
Relationship to deceased	

Applicant 2

Full Name	
Address	
Telephone Number	
Relationship to deceased	

If there are more than two applicants please provide details on additional sheet.

Part 2 DETAILS OF THE PERSON WHO HAS DIED

Full Name	
Age last birthday	
Occupation	
Permanent Residence	

If above is residential care please give permanent address prior to entering care	
Date of Death	
Place where death occurred	

Part 3 GRAVE DETAILS

Full Name and Address of Burial Right Holder 1			
Full Name and Address of Burial Right Holder 2			
Full Burial	<input type="checkbox"/>	Double Depth	<input type="checkbox"/>
Cremated Remains	<input type="checkbox"/>	Single Depth	<input type="checkbox"/>
Old Cemetery	<input type="checkbox"/>	Grave Number (if known):	
New Cemetery	<input type="checkbox"/>		

If there are more than two right holders please provide details on additional sheet.

Part 4 BURIAL DETAILS

Date and Time of Burial	
By whom the Ceremony is to be performed	
Funeral Director Name, Address and Telephone Number	
Gravedigger Name, Address and Telephone Number	

Part 5 PAYMENT DETAILS

Amount of Fees enclosed	£
<i>Preferred method of payment is internet banking – Bank Details:- Co-operative Bank Sort Code: 08-92-99 Account No: 65314540 (quoting the name of the deceased as the reference)</i>	Method of payment: cheque <input type="checkbox"/> Internet transfer <input type="checkbox"/> Date of transfer

Part 6 DECLARATION

I declare that:	
*I am the grave right holder and consent to the above interment.	<input type="checkbox"/>
*I am applying for the burial of grave right holder who is deceased and I am the *next of kin/executor of the grave right holder.	<input type="checkbox"/>
<i>*Please delete as appropriate</i>	
<i>NB Corfe Mullen Town Council can only authorise the opening of a grave with the permission of the grave rights owner or for the burial of the grave rights owner. In all other cases ownership must be transferred to someone who can prove that they are entitled to receive the ownership rights PRIOR to any burial. Please contact the Council for assistance.</i>	
Signed by Applicant 1	
Date	
Signed by Applicant 2	
Date	

If there are more than two applicants please provide details on additional sheet together with signature and date.

OFFICE USE ONLY

Resident	<input type="checkbox"/>	Entries Completed:		
Non Resident	<input type="checkbox"/>			
Grave Right checked:	<input type="checkbox"/>			
Correct Fee paid?	Y/N			
Amount	£	Epitaph	<input type="checkbox"/>	
Amount o/s	£	Clerk booked to attend		<input type="checkbox"/>
Invoice No. & Date		Grounds staff informed		<input type="checkbox"/>
Invoice emailed/sent	Y/N	Grave marked out		<input type="checkbox"/>
Sent Regulations to Burial Right Holder	Y/N	Processed by: <i>(pls initial)</i>		