

No. of Interment.....

A/c No.....

Order No. & Date to Attendant.....

Register of Burials

Register of Purchased Graves

Register of Public Graves

Fees £.....

Board

Entered by.....

Reservation No.....

**SWANAGE TOWN COUNCIL
GODLINGSTON CEMETERY – NOTICE OF INTERMENT**

Name of Deceased:

(Surname & Christian names in full)

Age:

Last Occupation:

Last Residence, stating Parish and County:

Place of Death:

Date of Death:

Date of Proposed Interment:

Hour: Place of Service:

Letter and No. of Grave Space / Cremation Plot:

In what portion of Burial Ground Unconsecrated/Consecrated

Size of Coffin/Casket.....ft.....ins. xft.....ins.

Depth:

Name (in full), Address and Description of Purchaser or next of kin (if any):

Name of Officiating Minister (if any):

Whether Cemetery Chapel is required YES/NO

I hereby give notice that it is proposed to inter the above-named person in the Godlingston Cemetery and I certify that the particulars above stated are correct.

Date:

Signature:

To the Town Clerk,
Swanage Town Council, Town Hall, Swanage.