

Office Use: No. of interment
 Date dig sheet to depot
 Register of burials
 Register of purchased graves
 Register of public graves
 Board
 Pear

A/C name, inv no. & date
 Fees:
 £
 £
 Total
 Reservation No

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

Name of Deceased							
Age						Years	
Last Occupation							
Last Residence. stating Parish and County							
				Postcode			
Place of Death							
Date of Death							
Date of Proposed Interment							
Hour				Place of Service			
Letter and No. of Grave Space							
In what portion of Burial Ground				Consecrated/Unconsecrated			
Size of Coffin/Casket		ft	in	x	in		
Shape					Construction		
Depth							
Names (in full), address and description of purchasers or next of kin (2 preferred):							
Name of Officiating Minister (if any)							
Chapel 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			
Send to the Clerk Swanage Town Council				Print Name			
				Relationship			