



**Swanage Town Council
Godlingston Cemetery
Notice of Interment**

Office Use Only
Cemetery Fees: £
£
Total £
Reservation No:

Details of Deceased					
Full Name					
Age					
Last Occupation					
Last Residence (Stating Parish and County)					
Place of Death					
Date of Death					
Interment Details					
Proposed Interment Date					
Time					
Place of Service					
Letter and No. of Grave Space					
Name of Officiating Minister (if any)					
Chapel Required (please tick)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>
Coffin/Casket Details					
Size	ft	<input type="text"/>	in	x	in
Shape					
Construction					
Depth					
Purchaser(s) of Exclusive Rights of Burial/Next of Kin					
Name(s)					
Address					
Relationship to Deceased					
Declaration					
I hereby give notice that it is proposed to inter the above-named person in the Godlingston Cemetery, and I certify that the particulars stated above are correct.					
Signature(s)					
Print Name(s)					
Relationship to Deceased					
Date					
<p align="center">When completed, please send to: Town Clerk, Swanage Town Council, Town Hall, Swanage, Dorset, BH19 2NZ Tel: 01929 423636 Email: admin@swanage.gov.uk Website: www.swanage.gov.uk</p>					