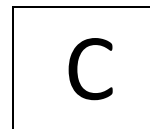




Church of  
St Peter & St Paul  
Blockley

# CREMATED REMAINS CHURCHYARD BURIAL APPLICATION



Please complete and return **AT LEAST THREE WORKING DAYS** prior to interment to:

Reverend Dana Delap  
The Vicarage, High Street, Blockley, GL56 9ES

Tel: 01386 700676  
Email: [dana@delap.org.uk](mailto:dana@delap.org.uk)

<b>DECEASED</b>	Surname:	Maiden Name:	Profession:	
	Forenames:		Date of Death:	Age:
	Address:		Place of Death:	

<b>FUNERAL DIRECTOR</b>	Name:	Tel:
	Address:	Email:
	Cremated Remains Certificate attached (✓) <input type="checkbox"/>	

<b>BURIAL</b>	Plot No.	Plot Status (✓) <input type="checkbox"/> New Grave <input type="checkbox"/> Re-open Grave	Date of Burial:	Time of Burial:
	Plot Depth:	Burial Type (✓) <input type="checkbox"/> Ashes Casket	Officiating Minister:	

<b>APPLICANT DECLARATION (Not Funeral Director)</b>	New Grave (✓) <input type="checkbox"/> I would like the burial to take place in a new grave; OR		
	Re-open Grave (✓) <input type="checkbox"/> I would like the burial to take place in the existing burial plot (number as above); AND		
	<input type="checkbox"/> Deceased is the spouse of the person buried in the grave; OR		
	<input type="checkbox"/> Deceased is a relative of the person buried in the grave (PLEASE STATE RELATIONSHIP BELOW):		
	Deceased relationship to person buried: .....		
	Name:	Applicant Relationship to Deceased:	Tel:
Address:		Email:	
Signature:		Date:	

For Church Use:

Application approved by:		Date:
Burial Fee:	Date Burial Fee Paid:	Burial Register No: