



Blockley
Parish
Council

BURIAL APPLICATION

STATION ROAD CEMETERY, BLOCKLEY

B

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

Clerk to Blockley Parish Council
Blockley Heritage Centre, Park Road, Blockley, GL56 9BY

Tel: 01386 701 602

Email: parishclerk@blockley.org.uk

| | | | | |
|----------|------------|--------------|-----------------|------|
| DECEASED | Surname: | Maiden Name: | Profession: | |
| | Forenames: | | Date of Death: | Age: |
| | Address: | | Place of Death: | |

| | | | | | |
|--|--|--|---|--|--|
| FUNERAL DIRECTOR | Name: | | Tel: | | |
| | Address: | | Email: | | |
| | Burial Certificate attached (✓) <input type="checkbox"/> | | Registrars Certificate (Green) <input type="checkbox"/> | Coroners Order (White) <input type="checkbox"/> | |
| | | | Absence Declaration (Form U) <input type="checkbox"/> | Stillborn Certificate (White) <input type="checkbox"/> | |
| Cremated Remains Cert. attached (✓) <input type="checkbox"/> | | Cremation Certificate <input type="checkbox"/> | | | |

| | | | | |
|--------|-------------|--|-----------------------|-----------------|
| BURIAL | 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"/> Full Burial <input type="checkbox"/> Ashes Casket | Officiating Minister: | |

| | | | | |
|--|---|---------------------------|--------|--|
| APPLICANT DECLARATION (Not Funeral Director) | New Grave (✓) <input type="checkbox"/> I would like the burial to take place in a new grave; OR <i>(A Deed of Grant of Exclusive Right of Burial will be issued)</i> | | | |
| | Re-open Grave (✓) <input type="checkbox"/> I would like the burial to take place in the existing burial plot (as above); AND | | | |
| | <input type="checkbox"/> I am the registered owner of the grave; OR | | | |
| | <input type="checkbox"/> Deceased is the registered owner of the grave; OR | | | |
| | <input type="checkbox"/> Deceased is the spouse of the registered owner buried in the grave; OR | | | |
| | <input type="checkbox"/> Other (PLEASE EXPLAIN) | | | |
| Name: | | Relationship to Deceased: | Tel: | |
| Address: | | | Email: | |
| Signature: | | | Date: | |

For Council Use:

| | | |
|--------------------------|-------------|--------------|
| Application approved by: | | Date: |
| Plot Fee: | Burial Fee: | Register No: |