

ST DENNIS PARISH COUNCIL



Clerk to St. Dennis Parish Council

The Claytawc Centre
Fore St
Dennis
St Austell
PL26 8AF

office Telephone No: **01726 821700**
E mail: clerk@stdennisparishcouncil.org.uk
Website: www.stdennisparishcouncil.org.uk

Details of Deceased

Mr/Mrs/Miss/Ms

Forename

Surname

Address

Occupation

(If a minor, please give names of Parents)

Age of time of Death

Details of Death

Date of Death

Place where Death

Occurred

Details of Interment

Requested date

Time and location

Of burial

Name of the Minister

Intended to officiate

State if grave: **ordinary/ brick/vault** (Delete as appropriate)

State depth of grave: **double/treble** (Delete as appropriate)

State actual size of coffin: Length

Width

Height

If a previously purchased grave, please give details.

Section Number of grave space EROB

Details of person Completing Form:

Name:

Company:

Address:

Signature:

Date:

To be completed and signed by the Next of Kin ONLY

To the Parish Council of St. Dennis in the County of Cornwall

I hereby give notice of the Interment in the Burial Grounds / Garden of Rest at St. Dennis Cemetery, Hall Road, St Dennis. **(Please delete as appropriate)** In the Parish of St. Dennis, and declare that the particulars given are true to the best of my knowledge and belief.

Name:

Relationship
To deceased

Address:
.....
.....

Telephone No:

Signature

Date

Office Use Only

Grave identified/

Selected By:

Grave Check:

Receipt:

Record No:

St Dennis Parish Council – Acceptance of Rules and Regulations by the Exclusive Right of Burial Owner

Cemetery	St Dennis Cemetery – Section Row	Plot Number
Exclusive Right of Owner (Note: This has to be the person signing below)	Name:	Telephone:
	Address:	Mobile:
	e-mail:
	
	
Name of Deceased		Date of Interment:
Exclusive Right of Burial I confirm as the owner of the Exclusive Right of Burial to abide by the Rules and Regulation Guidelines as set out by St Dennis Parish Council as shown to me by the Funeral Director/ Parish Clerk and accept these conditions as set out and confirm this by signing of this form.	Signed: Dated:	
Funeral Director/Clerk We confirm we have checked this person is the owner of the Exclusive Right of Burial and shown/given the owner of the Exclusive Right of Burial a copy of the Rules and Regulations for St Dennis Cemetery as set out by the Parish Council and the owner has duly signed this form as above.	Checked and confirm this is owner of the EROB <input type="checkbox"/> New Grave so no current owner and the new owner is as above <input type="checkbox"/> Signed: Dated: Name: Company: Address: Tel No: Email:	