

## ANCASTER PARISH COUNCIL

### NOTICE AND ORDER OF INTERMENT AT ANCASTER CEMETERY

*This Section to be completed by Funeral Director*

Full Name of Deceased	
Last Residence of Deceased	
Place of Death	
Occupation or Description	
Age	
Date of Birth	
Owner Grant of Exclusive Right of Burial	
Day, Date & Time of Funeral	.....Day, the.....of .....
	At..... am / pm
Burial or Cremated Remains	
Service to be held at	Cemetery
	Church
	Direct to Grave
	Garden of Rest
Name of Minister	
Type of Grave Required	New Grave
	Open Family Grave
Size of Coffin / Casket <i>(delete)</i>	
Funeral Director Name, Address, Contact Detail	
CHEQUES MADE PAYABLE TO ANCASTER PARISH COUNCIL	
<i>For Ancaster Parish Council Use</i>	
Internment Register Number	
Grave / Plot Number	
Grave Depth required	
Receipt Number	

Exclusive Right of Burial Grant Number	
Signed APC.....	Date .....
	17/12/2014