

# Paulton Parish Council

The Village Hall, Farrington Road, Paulton, Bristol BS39 7LW

Website: [www.paultonparishcouncil.org.uk](http://www.paultonparishcouncil.org.uk)



Telephone Number: 01761 413644

Email: [Paultonpc@hotmail.co.uk](mailto:Paultonpc@hotmail.co.uk)

REQUEST FOR INTERMENT IN THE PARISH BURIAL GROUND	
<b>Important Notice: This form must be fully complete and signed by the applicant and the burial rights owner where appropriate.</b>	
<b>Section 1: Details of person to be interred. Where the Exclusive Right of Burial is in place, we must have the signature of the owner of the burial rights as per Local Authorities Cemeteries Order 1977. It may be necessary to transfer the ownership of burial rights before an interment can be agreed.</b>	
Full Name:	
Age at time of death:	Date of death:
Resident Address:	Address at which death occurred:
If outside of Paulton, had the deceased previously lived in Paulton for 10 years or more?  If yes, please provide address at which they resided.	
<b>Details of interment</b>	
Please tick:  <input type="checkbox"/> Burial <input type="checkbox"/> Ashes <input type="checkbox"/> Scattering of ashes in the Garden of Remembrance <input type="checkbox"/> Single Plot <input type="checkbox"/> Double Plot  If a new <b>burial</b> plot, please tick: <input type="checkbox"/> Consecrated Section <input type="checkbox"/> Unconsecrated Section	
Requested date of interment:	
Requested time of interment:	
For <b>re-opened</b> plots: Full name and date of death of person already interred:	

Is hire of the chapel required? (please tick):  Yes  No

**Details of person requesting interment**

Name:

Address:

Telephone number:

Relationship of applicant to the Deceased:

**Details of the Funeral Directors**

Full Name:

Address:

**Section 3: Authorisation and Signature**

**By signing this form you have agreed that all the details are correct.**

Print name:

Signature

**Section 8: For office use only:**

Plot number:

Burial rights number:

Date burial rights purchased:

Name and address of owner of burial rights:

Date

Print name

Signature

Invoice Number

Fee:  
Resident  Non-resident

Amount