

WEST WYCOMBE PARISH COUNCIL

NOTICE OF INTERMENT

This notice is to be delivered between the hours of 9am and 4pm at the office below.
No request for burial can be accepted on Saturday or Sunday. Please complete in block capitals.

1. Forename(s) and surname of person to be buried.	.....
2. Address of person to be buried.	..... ..... .....
3. Description of person to be buried. (Profession, retired, etc.)	.....
4. Date of birth of deceased.	.....
5. Date of death of deceased.	.....
6. Place in which death occurred.	.....
7. Time and date of burial.	.....
8. Name of officiating minister.	.....
9. Plot number of gravespace.	.....
10. Consecrated or unconsecrated	.....
11. Name and address of next of kin.	..... ..... .....
12. If in a previously purchased gravespace, then, name and signature of owner.	Name..... Signature.....

Details of applicant:
(Funeral Directors)

Signature of applicant:.....

Date:.....

**Please return to: Clerk to the Council, Mrs Sharon L. Henson,
18 Portway Drive, West Wycombe, Bucks, HP12 4AU Tel: 01494 448048**