

# GODALMING TOWN COUNCIL

Office Use

Purchase: £  
 Interment: £  
 Gravedigging: £



Office Use

Interment No:

## Interment Form

(When complete this form becomes an official public document, **please** fill in neatly using BLOCK CAPITALS)

Full Name of Deceased	
Last Residential Address of Deceased	
Address Where Death Occurred (if different from residential address)	
Date of Death	
Profession or Other Description	
Age of Deceased	
If deceased lived outside the area of Godalming or Busbridge but had a relative living or already buried in these areas, please give details	
Type of Burial (Body/Ashes)	
Cemetery (Eashing/Nightingale)	
Area of Cemetery (Traditional/Natural/Chapel Garden of Remembrance/ AMA)	
Date of Burial	
Time of Arrival at Cemetery	
Name of Person Officiating	
Number of Grave Space & Section	
Consecrated or Unconsecrated	
If grave is already purchased please give the Grant Number and if the registered owner is someone other than the deceased, please obtain the signature of registered owner(s) to indicate approval to the interment therein	Grant No.
	Signature
	Print Name
If the grave is to be purchased please give the name and address of the person who the ownership of the grave is to be registered to.	
Length and Width of Coffin	
Depth Required (Single or Double – Note: Natural Burial Graves are Single Depth only)	

Signature of Funeral Director \_\_\_\_\_  
 (or Person Responsible for Making Burial Arrangements)

Address \_\_\_\_\_

Date \_\_\_\_\_