

FILLONGLEY PARISH COUNCIL

C/O The Crooked Stile, St Mary's Road, Fillongley, Warwickshire CV7 8EY
Please Contact (01676) 549193

ORDER FOR INTERMENT AT FILLONGLEY CEMETERY

Nuneaton Road, Fillongley, Warwickshire

DETAILS OF DECEASED	
Full Name Mr/Mrs/Miss/Ms	
Late Address	
	Post Code
Age:	Gender: Date of Death:

SERVICE REQUIREMENTS	
Proposed Day and Date	
Proposed Time	
Name and Denomination of Vicar	
Special Requests Details of witnesses etc	

GRAVE DETAILS	
New grave/reopen	
Re-open details, last interment dates, name, etc	

FUNERAL DIRECTOR	
Name	
Address	
Tel. No.	
Signature	

Data Protection Act 1998 The Data Controller is Fillongley Parish Council. The details you provide on this form will only be used in connection with Fillongley Parish Council purposes and your information will not be shared with other Agencies without your prior agreement.

OFFICE USE ONLY

Fees payable..... Date .

Receipt No..... Signed .

A TO BE COMPLETED WHEN A NEW GRAVE/CREMATION PLOT IS BEING PURCHASED.

I apply for Exclusive Right of Burial and accept the rules and regulations of Fillongley Cemetery.

FULL NAME AND ADDRESS (in block capitals).....

.....

SIGNATURE OF PURCHASER..... DATE

B TO BE COMPLETED WHEN THE PERSON MAKING THE APPLICATION FOR THE INTERMENT IS THE PERSON NAMED IN THE GRAVE GRANT AND THE GRANT IS ATTACHED.

I confirm that I am the person named on the attached grave grant and I hereby consent to the opening of the grave for the purpose of the interment specified overleaf.

FULL NAME AND ADDRESS OF REGISTERED OWNER.....

.....

SIGNATURE OF REGISTERED OWNER.....DATE

C TO BE COMPLETED IN ALL OTHER CASES

In consideration of Fillongley Parish Council (hereinafter called "The Council") not insisting upon the production of the Grave Grant in respect of the grave referred to overleaf and in consideration of The Council permitting me to bury the remains of the deceased named overleaf in the said grave.

I, (Full name in BLOCK CAPITALS)

OF (Full address in BLOCK CAPITALS)

.....

Hereby undertake to indemnify The Council from and against all proceedings, loss, charges, damages, expenses, claims which may be brought about or made against The Council in consequence of The Council's consent to open the before mentioned grave permitting the burial therein of the body of the said.....

.....

Dated Day of 20.....

USUAL SIGNATURE OF APPLICANT.....

FULL NAME OF WITNESS.....

USUAL SIGNATURE OF WITNESS.....

ADDRESS OF WITNESS

.....POST CODE

NOTE If you sign this indemnity form, The Council will permit the grave to be opened for burial purposes without the production of the original grave grant, but you should note that in signing this indemnity you are giving an undertaking to bear all costs of the burial and the cost of any claim which might be brought by the owner or the heirs to the owner of the grave as a result of your claiming the right to bury the remains of the deceased person mentioned above in the grave.