



Sherborne Town Council

The Manor House, Newland, Sherborne, Dorset, DT9 3JL

Steve Shield Town Clerk

Telephone 01935 812807

Email: s.shield@sherborne-tc.gov.uk

SHERBORNE CEMETERY

Notice and Application for interment / interment of ashes / scattering of ashes* (*delete not applicable)

Full name of person to be interred	
Address of person to be interred	
Age of person to be Interred	
Date of Death	
Parish or Place where the death occurred	
Day of the week and date for the interment	Day:
	Date:
Hour at which the funeral will arrive at cemetery	Time:
Use of cemetery Chapel:	Yes / No
If interment is preceded by a service, time and place of the service	Time: Place:
By whom the interment ceremony is to be performed	
Section and Grave Space (If Scattering of Ashes, Garden of Remembrance)	Section: Grave Space: Garden of Remembrance* (*delete if not applicable)
Dimensions of coffin/casket	Length: Width: Height:
Purchased for Exclusive Right of Burial (75 years) Purchaser's Name & Address	
Signature of Purchaser	
Name of company of Funeral Director	
Signature of Funeral Director	
Date	

Cheques to be made payable to Sherborne Town Council.

Or for BACS payments:

Acc no. 71088815

Sort code: 40-41-23

Please give the Funeral Director's name as a reference and the surname of the deceased if space permits.

For office use only

<u>Fees</u>	£	TO THE CEMETERY SUPERINTENDENT
Purchase of Exclusive Right for 75 years		Admit the corpse referred to overleaf, if properly enclosed in a coffin/casket, and Authority is hereby given for its interment.
First Interment in a Purchased Space		
Further Interment in a Purchased Space		
Preparation of grave space		
Chapel		
Total		
Receipt no.	Date:	