

CORFE MULLEN TOWN COUNCIL

Council Office, Towers Way, Corfe Mullen, Wimborne, Dorset, BH21 3UA.
Tel.: 01202 698600 Email: office@corfemullen-tc.gov.uk Town Clerk

Application to Purchase Exclusive Right of Burial in a Grave Space In Corfe Mullen Cemetery

Part 1 APPLICANT DETAILS

Applicant 1

	Mr / Mrs / Miss / Ms / Master Other -
Full Name	
Address	
Home Telephone Number	
Mobile Telephone Number	
Email Address	

Applicant 2

	Mr / Mrs / Miss / Ms / Master Other -
Full Name	
Address	
Home Telephone Number	
Mobile Telephone Number	
Email Address	

If there are more than two applicants, please provide details on additional sheet.

Part 2 INTENDED USE

Please state the names and addresses of those the grave is intended to be used for:

Person 1

	Mr / Mrs / Miss / Ms / Master Other -
Full Name	
Address	

Person 2

	Mr / Mrs / Miss / Ms / Master Other -
Full Name	
Address	

If more than 2 persons, please provide details on an additional sheet.

Part 3 GRAVE DETAILS

Full Name and Address of Proposed Burial Right Holder 1 <i>(if different to Applicant 1)</i>	Mr / Mrs / Miss / Ms / Master Other -
Telephone Number	
Email Address	
Full Name and Address of Proposed Burial Right Holder 2 <i>(if different to Applicant 2)</i>	Mr / Mrs / Miss / Ms / Master Other -
Telephone Number	
Email Address	

If there are more than two proposed right holders, please provide details on additional sheet.

Full Burial	<input type="checkbox"/>	Double Depth	<input type="checkbox"/>
Cremated Remains	<input type="checkbox"/>	Single Depth	<input type="checkbox"/>
Old Cemetery	<input type="checkbox"/>	Grave Number <i>(if known)</i> :	
New Cemetery	<input type="checkbox"/>		

Part 3 PAYMENT DETAILS

Amount of Fees enclosed	£
<i>Preferred method of payment is internet banking – Bank Details:- Co-operative Bank Sort Code: 08-92-99 Account No: 65314540 (quoting the your name as the reference)</i>	<i>Payment method - Cheque <input type="checkbox"/> Internet transfer <input type="checkbox"/> Date of transfer</i>

Part 4 DECLARATION

I declare that:	
I have received a copy of the Council's Cemetery Regulations and agree to abide by these	<input type="checkbox"/>
I understand that the Grant of Exclusive Right is granted for a period of 50 years	<input type="checkbox"/>
Signed by Applicant 1	
Date	
Signed by Applicant 2	
Date	

If there are more than two applicants please provide details on additional sheet and sign and date.

OFFICE USE ONLY

Resident	<input type="checkbox"/>	Entries Completed:			
Non Resident	<input type="checkbox"/>				
Correct Fee paid?	Y/N				
Amount	£	Epitaph	<input type="checkbox"/>		
Amount o/s	£	Cemetery plan	<input type="checkbox"/>		
Invoice No. & Date		Grave Allocated	Y/N		
Invoice, Grant Deed & Regulations sent	Y/N	Grave No.		Processed by: <i>(pls initial)</i>	