

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 For Burial in Corfe Mullen Cemetery

NB This form must be completed and delivered to the Council at least TWO days before the proposed interment together with the green Certificate for Burial or the pink Certificate of Cremation*.

**If relevant certificate not available when submitting this form please forward as soon as possible and in any event PRIOR to the interment.*

Part 1 APPLICANT DETAILS

Applicant 1

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

Applicant 2

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

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

Part 2 DETAILS OF THE PERSON WHO HAS DIED

	Mr / Mrs / Miss / Ms / Master Other -
Full Name	
Date of Birth	
Age at Death	
Occupation	

Permanent Residence	

If above is residential care please give permanent address prior to entering care	

Date of Death	
Place where death occurred	

Part 3 GRAVE DETAILS

Full Name and Address of Proposed Burial Right Holder 1	Mr / Mrs / Miss / Ms / Master Other -
Telephone Number	
Email Address	
Full Name and Address of Proposed Burial Right Holder 2	Mr / Mrs / Miss / Ms / Master Other -
Telephone Number	
Email Address	

If there are more than two 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 (if known):	
New Cemetery	<input type="checkbox"/>		

Part 4 BURIAL DETAILS

Date and Time of Burial	
By whom the Ceremony is to be performed	
Funeral Director Name and Address	
Telephone Number	
Gravedigger Name and Address	
Telephone Number	

Part 5 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 name of the deceased as the reference)</i>	Payment Method: Cheque <input type="checkbox"/> Internet transfer <input type="checkbox"/> Date of Transfer:

Part 6 DECLARATION

I declare that: I am applying for the burial of the deceased. I am the next of kin/executor* of the grave right holder. <input type="checkbox"/> I am applying for the purchase of the Grant of Exclusive Right of Burial for the above grave for a period of 50 years and agree to abide by the Regulations set by the Council, a copy of which I have received. <input type="checkbox"/> *Please delete as appropriate	
Signed by Applicant 1	
Date	

Signed by Applicant 2	
Date	

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

OFFICE USE ONLY

Resident	<input type="checkbox"/>	Entries Completed:			
Non Resident	<input type="checkbox"/>				
Correct Fee paid?	Y/N				
Amount	£				
Amount o/s	£	Epitaph	<input type="checkbox"/>		
Invoice No. & Date		Cemetery plan	<input type="checkbox"/>		
Invoice emailed/sent	Y/N				
Grave Allocated	Y/N	Clerk booked to attend			<input type="checkbox"/>
Grave No.		Grounds staff informed			<input type="checkbox"/>
Processed by: <i>(pls initial)</i>		Grave marked out			<input type="checkbox"/>
Certificate and Regulations sent to Purchaser	Y/N				