

**Leintwardine Group Parish Council**  
Clerk to the Council, The Reading Room, High Street, Leintwardine SY7 0LZ  
Email: [leintwardinegpc@gmail.com](mailto:leintwardinegpc@gmail.com)

**NOTICE OF INTERMENT**  
(Cemetery Section)

Applications for a FULL INTERMENT must be made on this form and delivered with payment of charges to arrive at least ONE working day before the date of interment.

Contact, Name, Address and telephone number of Funeral Director:

---

---

Cemetery	Leintwardine
Date of Interment	
Time of interment	
Plot number or new plot	
Church service to be held at	
Officiating person	
Dimensions of casket overall	Length:                      Width:                      Height:
<b>Caskets must be biodegradable</b>	

**Details of person to whom the Grant of Exclusive Right is to be made or to whom it is already made in the case of pre-purchase:**

Full Name, Address and Postcode

---

---

---

**If the owner of the Grant of Exclusive Right of Burial is the decease, to whom has the grant passed:**

Full Name, Address and Postcode

---

---

---

Proof of right of ownership seen: *A photocopy needs to be attached to the burial instruction form:*

Grant of probate	
Letters of administration	
Form of assent	
Statutory declaration	

### **Details of the Deceased**

Title	
Christian Names	
Surname	
Date of Death	
Age at time of death	
Home address at time of death	
Place of death if not at home	

**Signed:**

**Dated:**

---