

Name of deceased:	
Ivaine of deceased.	
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Age of deceased:	
Profession or trade:	
Usual address of deceased:	
Date of death:	
Place of death:	
Date & time if interment:	
Date & this it memorie.	
N	
Name of officiating Minister:	
Full burial or burial of cremated remains:	
If in existing grave or plot, please	
provide details:	
provide details.	
Proposed depth of grave:	double / single
Froposed deput of grave.	double / single
	**
Ground to be consecrated at time of burial	Yes/No
Name & address of relative to whom	
deeds of grave should be sent:	
Name of funeral director:	
name of funeral director:	
Fee enclosed:	
Date:	

This application form, together with the appropriate fees must be returned to the Parish Council Clerk, Parish Council Office, Winscombe Community Centre, 11 Sandford Road, Winscombe, N. Somerset BS25 1JA. Tel: 01934 844257 at least 2 clear working before the interment.