

NOTICE OF INTERMENT IN THE EDENBRIDGE CEMETERY

N.B. Please do not use this form for Cremated Remains in the Lawn of Remembrance.

1. FIRST NAMES & SURNAME _____
2. USUAL PLACE OF RESIDENCE _____
3. PROFESSION OF DECEASED
(If minor, name & address of parents) _____
4. AGE LAST BIRTHDAY _____
5. DATE OF DEATH _____
6. PARISH IN WHICH DEATH OCCURRED _____
7. DAY OF WEEK & DATE OF THE MONTH
THE BURIAL IS TO TAKE PLACE _____
8. HOUR OF DAY THE FUNERAL WILL
ARRIVE AT BURIAL GROUND _____
9. NAME OF OFFICIATING MINISTER _____
10. GRAVE NUMBER (IF GRANT OF RIGHT HAS
BEEN PURCHASED PREVIOUSLY) _____
11. IF GRANT OF RIGHT IS TO BE
PURCHASED STATE NAME &
ADDRESS OF PERSON TO BE
RESPONSIBLE FOR PURCHASE _____
12. PROPOSED GRAVE
(Single, Double, Re-open, Ashes plot) _____
13. SIZE OF COFFIN/CASKET _____
14. NAME OF FUNERAL DIRECTOR _____

In signing this application I agree to comply with the Cemetery Regulations

SIGNATURE OF APPLICANT _____ **DATE** _____

<i>FOR OFFICE USE ONLY</i>	
Fee Paid	
Receipt Number	
Grave Number	
Reg. of Burials	
Reg. Purchased Graves	
Grant of Right	