



**PLACEMENT OF CREMATED REMAINS INTO NICHE WALL**

Full name of the Deceased \_\_\_\_\_

Occupation (if under 18 years of age Name and address of parents \_\_\_\_\_

Age last birthday \_\_\_\_\_ DOB \_\_\_\_\_

Last Residence of deceased \_\_\_\_\_  
\_\_\_\_\_(Since (date))\_\_\_\_\_

Place of death \_\_\_\_\_

Date and Time of Funeral \_\_\_\_\_

Officiating Minister YES/NO\* If YES Name is required \_\_\_\_\_

Denomination \_\_\_\_\_

Name and Address of purchaser \_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

Signed on behalf of Burial Authority \_\_\_\_\_

Date \_\_\_\_\_

I have read and understood the Burial Ground Rules and Regulations for the Sherfield on Loddon Parish Council Burial Ground and agree to adhere to them.

Signature \_\_\_\_\_

Relationship to the deceased \_\_\_\_\_

**FOR CEMETERY USE ONLY**

Date payment received \_\_\_\_\_

Memorial No.....

Invoice No \_\_\_\_\_

Placements can only be arranged via the Parish Council Clerk

Placements can only be made via the Parish Council Clerk