



**PLACEMENT OF CREMATED REMAINS INTO ASHES PLOT
SHERFIELD ON LODDON BURIAL GROUND**

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 _____

FOR CEMETERY USE ONLY

Date payment received _____
Invoice No _____

Memorial No.....

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 _____

Funeral Directors

Name _____

Address _____

Telephone number _____

Email Address _____