

**DETHICK LEA AND HOLLOWAY PARISH COUNCIL**

**INTERMENT – HOLLOWAY CEMETERY**

This notice is to be delivered to the Clerk of the above named Council at least two days prior to any Interment.  
All particulars should be carefully and accurately set forth.  
No applications can be received on Sundays.

REQUEST FOR ARRANGEMENTS TO BE MADE FOR THE INTERMENT OF REMAINS IN THE ABOVE MENTIONED CEMETERY.

**1. PARTICULARS OF THE DECEASED PERSON**

- a) Name (in full).....
- b) If a child, name of a parent or other guardian.....
- c) Occupation.....
- d) Age last birthday.....
- e) Sex.....
- f) Address.....Post Code.....
- g) Where the death took place.....
- h) Date of death.....
- i) Dates of residency in the parish – From.....To.....
- j) Name and address of next of kin.....

**2. PARTICULARS OF INTERMENT**

- a) When is it proposed for the interment – Day.....Date.....Time.....
- b) Mark or number of grave space.....
- c) By whom was the death certificate issued.....
- 3. Name, telephone number and address of Funeral Director.....
- 4. Name and address of the contracted Grave Digger.....
- 5. Name and address of Minister (if any) who will conduct the service.....

Dated this.....day of.....20.....

Signature of Applicant.....

Signature of Witness (Health Professional).....

Fee enclosed.....

***By signing this document you are acknowledging that all the facts stated are correct.***