

BILLINGBOROUGH PARISH COUNCIL APPLICATION FOR INTERMENT.

APPLICATION NO

FULL NAME OF DECEASED;

ADDRESS OF DECEASED;

.....**POSTCODE;**

DATE OF DEATH **AGE OF DECEASED.....**

RELATIVES DETAILS; EMAIL+PHONE NO;

.....

FUNERAL DIRECTOR'S NAME;.....

ADDRESS;

.....**POST CODE**.....

EMAIL..... **TEL;**

PLEASE CIRCLE; C OF E OR NON CONFORMIST

FUNERAL SERVICE; NAME OF CLERGY;.....

NAME + ADDRESS OF CHURCH.....

DATE OF SERVICE; **TIME OF SERVICE**

TIME OF ARRIVAL AT CEMETERY.....

IF EROB PRE-PURCHASED; DATE PURCHASED..... **EROB NO**..... **PLOT NO**.....

IF NEW GRAVE ALLOCATED PLOT NO (COUNCIL USE ONLY)

DOES THE APPLICANT WISH TO PURCHASE AN EROB? **PLEASE CIRCLE: YES NO**

HAS THE RELEVANT FORM BEEN ISSUED? **PLEASE CIRCLE: YES NO**

BREAKDOWN OF FEES TO BE PAID RELEVANT INTERMENT FEE as per current listing;

APPLICATION FOR EROB as per current listing;