

DALSTON PARISH COUNCIL NOTICE OF BURIAL

Name & address of funeral director:

Funeral director contact number:

Name of Deceased:

Home address:

Occupation or former occupation:

Date of death:

Age:

Date of Birth:

Place of death:

Date of Burial:

Officiating Minister:

Place of burial: Ward Section Space

Is the grave space already owned, if so request a copy of the exclusive rights of burial certificate.

Was grave dug to extra depth:

If purchasing a new grave is it to be double or single depth:

Next of kin details

Name:

Address:

Contact number: