



Castle Heddingham Parish Council and Burial Board

Castle Heddingham Cemetery

Notice of Burial / Interment of Ashes

Name of Deceased (in full)	
Address of Deceased	
Age of Deceased	
Permanent Residence (place and parish) if different to the above Did the deceased live in the parish of Castle Heddingham within the last two years?	Yes No
Occupation	
Date of Death	
Address where Death Occurred	
Day, Date, Time of Burial / interment	
Religion	
If Right of Burial/interment has previously been purchased, complete as appropriate	Date of Purchase: Grant no. Grave No. Name of Purchaser: Address of Purchaser:
If Right of Burial/interment is to be purchased, complete as appropriate	Name of Purchaser: Address of Purchaser:

Grave Depth	Single Double Triple
Plot Size	Adult Child Ashes
If Grave is to be re-opened, give full name and date of last interment	Name: Date of interment:
Name & Address of Next of Kin I confirm that I have read and agree to abide by the Castle Hedingham Cemetery Regulations and that the details above are correct Signature:	Name: Address: Relationship to Deceased (if appropriate):
Name & Address of Applicant (if different to Next of Kin) I confirm that I have read and agree to abide by the Castle Hedingham Cemetery Regulations and that the details above are correct Signature:	Name: Address: Relationship to Deceased (if appropriate):
Church Service	Location Time
Officiating Minister	Name
Fees	Interment: £ Purchase of Grave: £ Total Fee enclosed £
Funeral Director Details I confirm that I have read and agree to abide by the Castle Hedingham Cemetery Regulations Signature: Please return the completed form with fee at least two days prior to the interment	Name: Address:

Castle Hedingham Parish Council & Burial Board,
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