

## QUENIBOROUGH PARISH COUNCIL INTERMENT FORM



Funeral Director:	
Address:	Tel No:
1.	Christian Name and Surname of person who is to be buried:
2.	Address of Deceased:
3.	Occupation:
4.	Age:
5.	Date of Death:
6.	Place where death occurred:
7.	Where service will be held:
8.	Time and date of burial:
9.	Name of minister to officiate:
10.	Number of grave space:
11.	Coffin or casket size:
12.	Consecrated or Un-consecrated:
13.	Single/Double depth:
14.	Deed number if pre-purchased:
15.	Name and Address of applicant:
16.	Address to which deeds are to be sent if different from applicant:

I/WE understand this is a lawned cemetery and all graves will be levelled and turfed at the appropriate time.

I/WE also understand desk piece memorials are only allowed in the cremation area.

I/WE agree to the Rules and Regulations as detailed overleaf.

Signature of applicant..... Date .....

I/WE GIVE PERMISSION FOR THE GRAVE NO ..... TO BE USED FOR THE INTERMENT OF  
.....

Signed: ..... Date: .....

**Cheques should be made payable to Queniborough Parish Council  
Bank Account Number: 20414760 Sort Code: 60-83-01**

**Please return paperwork to Mrs S Farrell, Cemetery Clerk, Parish Council Office, Rearsby Road, Queniborough, Leics. LE7 3DH**