

BOURNE TOWN COUNCIL

NOTICE and ORDER of INTERMENT at BOURNE CEMETERY

This Section to be completed by Funeral Director	
Full Name of Deceased	
Last Residence of Deceased	
Place of Death	
Occupation or Description	
Age	
Date of Death	
Day, Date & Time of Interment at Bourne Cemetery <i>Please indicate if interment of Cremated Remains yes / no</i>	_____ day, the _____ of _____ at _____ am/pm
Time of Service to be held and where <i>(please enter time and name of Church if appropriate)</i>	at _____ am/pm / NOT Applicable Church _____ Graveside _____
Name of Minister	
Type of Grave required	New Grave Open Family Grave Cremated Remains Plot
Actual Measurements of Coffin/Casket excluding handles <i>Please indicate type of handles</i>	_____ Inches Long _____ Inches Wide Handles - Fixed..... Hinged.....
<i>Name and address of Funeral Director</i>	
<i>Please make cheques payable to BOURNE TOWN COUNCIL</i>	
For Bourne Town Council Office use	
Interment Number	
Grave/Plot Number	
Depth Required	
Receipt Number	
Exclusive Rights of Burial – Grant No	

Signed
 (Town Clerk)

Date