

# Crewkerne & West Crewkerne Joint Burial Committee

Peter Davidson: Clerk to the Committee  
Town Hall, Market Square, Crewkerne, TA18 7LN

## Notice of Interment

This Notice is to be delivered to the above address at least **TWO DAYS** prior to any interment.

1. Full name of person to be buried .....
2. Address including postcode .....
3. Profession or trade of the person to be buried. (If retired, profession before retirement.) .....
4. Age of person to be buried. ....
5. Date of death. Day.....Month.....Year.....
6. Place where death occurred .....
7. Date of which the burial will take place. ....
8. Hour at which the funeral will take place .....
9. Name of minister intended to officiate. ....
10. Registered number of grave space. ....
11. Purchased or unpurchased grave. ....
12. Use of a cemetery chapel required? .....
13. Size of Coffin. ....ft.....ins x .....ft.....ins
14. Depth of grave. ....ft.....ins
15. If person to be buried is grave owner, full name & full address of Executor. ....

Signed.....(Registered Grave owner or Executor)

Date.....

For Office use:

Fee Paid ..... Receipt No .....

Cheques should be made payable to: **Crewkerne & West Crewkerne Joint Burial Committee**  
Bank Details: **Account Number 29448460 Sort Code 30-92-40**