CREWKERNE & WEST CREWKERNE JOINT BURIAL COMMITTEE

TOWN HALL MARKET SQUARE CREWKERNE SOMERSET TA18 7LN

Tel: 01460 74001 Email: towncouncil@crewkerne-tc.gov.uk

APPLICATION FOR THE PURCHASE OF GRAVE SPACE

The Deed of Grant to b	e made out in the name of the fo	ollowing person(s):
Full Name		
Address (inc. postcode) .		
For joint applications:		
Full name of second appl	icant	
Address (inc. postcode) .		
<u>Fees</u>	Crewkerne Resident*	Non-resident in Crewkerne
Grave plot:	£650	£1,300
Ashes plot:	£300	£600
* For Crewkerne resident * For Crewkerne resident * Applicant 1: Signature Applicant 2: Signature Date of Application	PRINT	residency (e.g. Council Tax bill) NAME NAME
For Official Use Only		
Date application received	l	
When pre-purchase: for s	ingle fees, confirmation received o	of local residency
Plot number allocated		
Receipt Number		
Deed Number		
Date Deed of Grant Issue	d	