



TIDWORTH TOWN COUNCIL CIVILIAN CEMETERY

NOTICE OF INTERMENT

NAME, ADDRESS & TELEPHONE NUMBER OF FUNERAL DIRECTOR:

SURNAME OF DECEASED:

FORENAMES:

LAST PERMANENT ADDRESS:

OCCUPATION:

SEX: MALE/FEMALE AGE:

PLACE OF DEATH:

DATE OF DEATH:

INTERMENT DETAILS: DATE: TIME:

SERVICE: CHURCH/GRAVESIDE/NO SERVICE

Burial

Interment

GRAVE DETAILS: NEW/RE-OPEN DOUBLE/SINGLE DEPTH

GRAVE NO:

EXTERNAL SIZE OF: COFFIN:FTINS XINS

CREMATION CASKETINS XINS

SIGNED:

DATE:



AUTHORISED BY: DATE:

TOWN CLERK

For our records and so that we can make contact if necessary please provide details of next of kin/family members if available.