EAST GRINSTEAD TOWN COUNCIL

MOUNT NODDY CEMETERY

NOTICE OF INTERMENT OF CREMATED REMAINS

Full name of deceased:_____

Place at time of death:_____

Usual residence:_____

_____

Date of death: _____Age: _____

Occupation/Profession and if Retired:_____

Date and time of Interment:_____

Name and address of Minister:_____

_____

Garden of Rememberence Plot No: _____or Grave No: _____Section:_____

FULL name and address of Grave Plot Owner_____

_____

For burial in existing grave spaces only (not Garden of Remembrance plots)

I confirm that I am the Deed Holder to this grave space and the deed number is:_____

Signature of Deed Holder: _____

Name & Address of Deed Holder: _____

_____

Telephone Number: _____

Email address: _____

I have received and read a copy of the Rules and Regulations relating to the interment of Mount Noddy Cemetery and agree to abide by these.

Signature of Deedholder:_____Date: _____

Name and Address of Funeral Director: _____

_____

Please Note: We will need the Certificate of Cremation issued by the Crematorium

Bank Transfer to:
East Grinstead Town Council
Account Number: 72733837
Sort Code: 60-07-17

or

Cheque payable to:
East Grinstead Town Council