

Clovery Woods of Rest Request for Interment

Please complete this form in BLOCK CAPITALS

Date _____

Section 1-: Details of deceased

Title: Mr/Mrs/Miss Full name: _____

Latterly residing at: _____

Post Code _____ Date of death _____ Age _____

Section 2- Next of kin

Name and title _____

Address _____

_____ Contact number _____

Relationship to deceased _____ Signed _____

Details of person responsible for payment of interment fees if different from above

Title: Mr/Mrs/Miss Name _____

Address _____

_____ Post code _____

Contact number _____ Signed: _____ Date _____

If there is a pre-death agreement please include certificate number _____

Section 3-Details of Funeral Director.

Name of Firm and contact person _____

Address: _____

Post code _____ Contact Tel No: _____

DAY & DATE OF FUNERAL _____ ESTIMATED TIME OF ARRIVAL _____

Do you require the use of the Hall for the Celebration of Life? _____

Hard sizes of burial casket. _____ Traditional Oval Regular (please circle)

Any special requests?

Please ensure that Form 14 accompanies this application. No interment can take place without this document.