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**BURIAL FORM FOR TOTNES CEMETERY**

**FOLLATON, PLYMOUTH ROAD, TOTNES**

**Surname of Deceased: ......................................................................................................................**

**Forenames: ......................................................................................................................................**

**Sex: .................... Age: ..........**

**Profession or Occupation (if known): ...............................................................................................**

**Home Address: .................................................................................................................................**

**Date of Death: ..................................................**

**Where death occurred (if different from above): .....................................................................................**

**.........................................................................................................................................................**

**Date of Burial: ......................... Time: .........................**

**Grave Section – Religious Denomination: .........................................................................................**

**Grave No: ............................**

**Type of Grave (Body or Cremation): ............................ (New Grave or Re-open):.............................**

**Type and size of Coffin or Casket to be used: ....................................................................................**

**Name of Purchaser of Grave and/or next of kin if different:**

**.........................................................................................................................................................**

**Address: ...........................................................................................................................................**

**Deed of Grant Number and original enclosed (unless new grave):.....................................................**

**Details of last interment: ..................................................................................................................**

**Removal of memorial (if applicable): .............................**

**Minister: ............................................................................**

**Name and Address of Funeral Director: ............................................................................................**

**..................................................................................... Tel.No: .......................................................**

**Date: ................................**

**For Official Use: Burial Register No: ............... Deed of Grant No (If applicable): ..............................**

**Charges & Fees: ................... Invoice Number: ………………………………………………**