Langtoft Parish Council

Interment Application for Langtoft Cemetery

Name of the Deceased			
Address			
Postcode			
Occupation			
Age of the deceased			
Address where the death occurred			
Postcode			
Date of death			
Day, Date and Time of Funeral			
Name of Minister			
Has an existing Grave/Memorial Gard		YES NO	(please circle)
If yes, please attach a copy of the gra	ant		
Grave No/Memorial Garden plot			
No Double of Crosses			
Depth of Grave			
Is Exclusive Right required	YES	NO	(please circle)
If Yes Name of Purchaser			
Address of purchaser			
Address of parenaser			
Postcode			
Relationship of purchaser to the deceased			
Does purchaser have sole authority	YES	NO	(please circle)
for these arrangements			
	I LE Nia collega al callega accessiva de contra con		
Name of Funeral Directors	If No who else has authority		
Nume of Functur Directors	if No who else has authority		
Address of Funeral Directors	If No who else has authority		
	IT NO Who else has authority		
	If No who else has authority		
Address of Funeral Directors	IT NO Who else has authority		
Address of Funeral Directors Postcode	IT NO WHO EISE HAS AUTHORITY		
Address of Funeral Directors Postcode Telephone Number of Funeral	IT NO Who else has authority		
Address of Funeral Directors Postcode	IT NO Who else has authority		

Please complete and return the form to:

The Parish Clerk, Langtoft Parish Council c/o Tar Cottage, Ryhall Heath, PE9 4EF together with the relevant fee.

Bank Payments details: Langtoft Parish Council Account No. 20322470 Sort Code 60-83-01 Please add reference as name of deceased