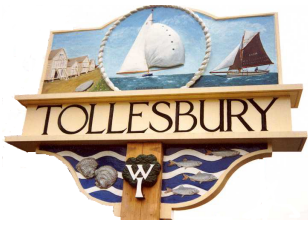
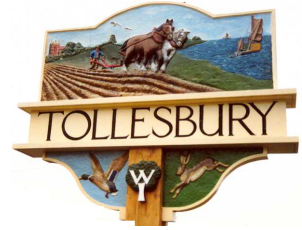


Interment No: .....



**Return to:**  
**Tollesbury Parish Council**  
4 Valkyrie Close, Tollesbury, Essex CM9 8SL  
Tel. 01621 869039



## **Notice of Interment of Ashes in Garden of Remembrance at Tollesbury Cemetery**

This notice, fully completed and accompanied by the appropriate remittance, is to be delivered to Tollesbury Parish Council within 72 hours (exclusive of Saturday and Sunday) before the interment.

**PLEASE NOTE:** \* No application can be accepted on a Saturday, Sunday or a Public Holiday.  
\* Ministers fees are paid direct to the Minister by the Funeral Directors.  
\* Cemetery fees should be made payable to TOLLESBURY PARISH COUNCIL.  
\* Please complete all sections of the form.

### **PARTICULARS OF BURIAL OF ASHES**

**When Required:** Day: ..... Date: ..... Time: .....

### **PARTICULARS OF DECEASED**

Surname: .....

First Names: .....

Address:.....

Age: ..... Date of Birth: ..... Date of Death: .....

Place of Death: .....

Was deceased a resident of Tollesbury: YES/NO

**Full name and address of next of kin:** .....

.....

Postcode: ..... Telephone No: ..... Signature:.....

Name of Undertaker/Person making the arrangements:

Address: .....

.....

Postcode: ..... Tel No: .....

#### **FOR OFFICE USE ONLY**

Order No.		
Plot No.		
<b>Fees</b>	<b>£</b>	<b>p</b>
Ashes GOR		
<b>Total</b>		
<b>Receipt No.</b>		