



Blockley  
Parish  
Council

# BURIAL APPLICATION

## STATION ROAD CEMETERY, BLOCKLEY

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Please complete and return **AT LEAST THREE WORKING DAYS** prior to burial to:

Clerk to Blockley Parish Council  
Blockley Heritage Centre, Park Road, Blockley, GL56 9BY

Tel: 01386 701 602

Email: [parishclerk@blockleyparish.gov.uk](mailto:parishclerk@blockleyparish.gov.uk)

<b>DECEASED</b>	Surname:	Maiden Name:	Profession:	
	Forenames:		Date of Death:	Age:
	Address:		Place of Death:	

<b>FUNERAL DIRECTOR</b>	Name:		Tel:		
	Address:		Email:		
	Burial Certificate attached (✓)	<input type="checkbox"/> Registrars Certificate (Green)	<input type="checkbox"/> Coroners Order (White)		
		<input type="checkbox"/> Absence Declaration (Form U)	<input type="checkbox"/> Stillborn Certificate (White)		
	Cremated Remains Cert. attached (✓)	<input type="checkbox"/> Cremation Certificate			

<b>BURIAL</b>	Plot No.	Plot Status (✓) <input type="checkbox"/> New Grave <input type="checkbox"/> Re-open Grave	Date of Burial:	Time of Burial:
	Plot Depth:	Burial Type (✓) <input type="checkbox"/> Full Burial <input type="checkbox"/> Ashes Casket	Officiating Minister:	

<b>APPLICANT DECLARATION (Not Funeral Director)</b>	New Grave (✓) <input type="checkbox"/> I would like the burial to take place in a new grave; OR <i>(A Deed of Grant of Exclusive Right of Burial will be issued)</i>	
	Re-open Grave (✓) <input type="checkbox"/> I would like the burial to take place in the existing burial plot (as above); AND	
	<input type="checkbox"/> I am the registered owner of the grave; OR	
	<input type="checkbox"/> Deceased is the registered owner of the grave; OR	
	<input type="checkbox"/> Deceased is the spouse of the registered owner buried in the grave; OR	
	<input type="checkbox"/> Other (PLEASE EXPLAIN)	
Name:	Relationship to Deceased:	Tel:
Address:		Email:
Signature:		Date:

For Council Use:

Application approved by:		Date:
Plot Fee:	Burial Fee:	Register No: