

# DONINGTON ON BAIN PARISH COUNCIL

## NOTICE and ORDER of INTERMENT at DONINGTON ON BAIN CEMETERY

This Section to be completed by Funeral Director	
Full Name of Deceased	
Last Residence of Deceased	
Place of Death	
Occupation or Description	
Age	
Date of Death	
Day, Date & Time of Interment at Donington on Bain Cemetery <i>Please indicate if interment of Cremated Remains <b>yes / no</b></i>	<div style="text-align: center;">                         _____ day, the _____ of _____                     </div> at _____ am/pm
Time of Service to be held and where <i>(please enter time and name of Church if appropriate)</i>	at _____ am/pm / NOT Applicable Church _____ Graveside _____
Name of Minister	
Type of Grave required	<input type="checkbox"/> New Grave <input type="checkbox"/> Open Family Grave <input type="checkbox"/> Cremated Remains Plot
Size of Coffin/Casket	
Name and address of Funeral Director	
Please make cheques payable to Donington on Bain Parish Council	
For Donington on Bain Parish Council Office use	
Interment Number	
Grave/Plot Number	
Receipt Number	
Exclusive Rights of Burial –Grant No	
Signed	Clerk to the Parish Council
Date	