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| **APPLICATION FOR THE BURIAL OF CREMATED REMAINS****ALONGSIDE THE BISHOP’S PATH IN HOLY TRINITY CHURCHYARD, ECCLESHALL** |

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| **PLEASE COMPLETE THE FOLLOWING IN CAPITAL LETTERS.** |

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| **1.**     **I have the authority to make this application, because** |
| Please set out here, your relationship to the person who has died and or whether you are an executor or administrator of his or her estate |
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| **2.**     **My Name; address, telephone number and email address (if any).** |
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| **3.**     **I am applying for a burial of cremated remains, alongside The Bishop’s Path, in accordance with the conditions set out above and will make the appropriate payment via our funeral director. (see separate information note)** |
| The name and telephone number of the funeral director |
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| **4.**     **I accept the contents and conditions of this document and I, and those connected to me will adhere to the Holy Trinity regulations and guidelines as they may apply from time to time.** |

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| **(Please delete this section if it does not apply to you.)****5.**     **I apply for the name and dates of the person whose remains are to be buried at The Bishops Path, to be engraved on the gravestone set aside for that purpose in this way and I certify the accuracy of this name and these dates and that the First name set out below is the one recorded on his or her Birth Certificate.** |

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| **FIRST NAME****INITIALS****SURNAME****DATE OF BIRTH****DATE OF DEATH** |

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| **MY SIGNATURE** | **DATE OF SIGNING** |