

**CHAPEL ST LEONARDS PARISH COUNCIL
CEMETERY INSTRUCTION**

DATE

FUNERAL DIRECTORS

NAME OF CONTACT

NAME, ADDRESS, EMAIL, AND CONTACT TELEPHONE OF PERSON MAKING THE ORDER

.....
.....
.....

REQUEST FOR Full Plot / Full plot plus Reserves/Cremated Remains Plot

DATE OF BURIAL AND TIME OF BURIAL.....

DIMENSIONS OF GRAVE

NAME AND ADDRESS OF DECEASED

.....
.....
.....

MINISTER/CELEBRANT

PLOT ALLOCATED FOR BURIAL

PLOT ALLOCATED FOR RESERVES

GRAVEDIGGER ADVISED DATE

PLOT MARKER.....

FEE APPLICABLE

DATE INVOICED..... TERMS & CONDITIONS SENT.....

TERMS & CONDITIONS RECEIVED AND FILED.....