

Application for Interment

Sun Rising Natural Burial Ground and Nature Reserve



Application Date

Grave Plot Licence Number

Details of the Deceased

First Name

Middle Names

Last Name

Address

Town

County

Post Code

Date of Death

Place of Death

Age at Death

Arrangements for Interment

Funeral Director

Address

Telephone

Interment Date

Interment Time

Celebrant Name

Telephone

Coffin Type

Coffin Size

Declaration

I declare that I have read and understood the Regulations of Sun Rising Natural Burial Grounds and Nature Reserve, and I agree to abide by them.

Signed by or on behalf of the Licence Holder:

Print Name:

Date:

Please return this completed form with your Order Form and payment to :

Nature Reserve Burial Ground Limited
28 Roman Row
Whichford
Shipston-on-Stour
Warwickshire CV36 5PJ

tel : 01608 684600 mobile : 0779 229 4414 email : office@nrbackgrounds.co.uk
<http://www.nrbgrounds.co.uk>

Documents Received

Grave Plot Licence

Certificate of Registration

Coroner's Order

Issue Date

Licence Number

Plot Number

Order Number
