

**NOTICE OF INTERMENT**

\*Full Name of Deceased

\*Age

\*Occupation

\*Address at which death occurred (please also specify resident or non resident)

\*Date of Death

Place from which body will be brought

\*Date of Burial

\*Hour of Funeral at Cemetery .

\*Name of Minister officiating

\*Description of Grave (single or double)

\*Grave/Plot Number and Row (see plan on WPC website)

Name and address of Grave Purchaser

\*Name and Address of Funeral Director

Date.

**N.B. The Certificate for Burial, all relevant fees and this form must be completed and returned to the Parish Clerk prior to burial.**

clerk@wroxhamparishcouncil.org 07341 873375

https://wroxhamparishcouncil.org/cemetery