



Cais Claddu Mynwent
Coedpoeth
Cemetery Interment Application

Full Name of Deceased:							
Age of Deceased:							
Date of Birth:							
Home Address of Deceased:							
Date of Death:							
Place of Death:							
Occupation :							
Day and Date of Interment Requested:	Mon	Tues	Wed	Thur	Fri	Sat	Time at graveside
Name of Officiant:							
Name(s) of previous Interment(s):						Date(s):	

Grave Number			Section:	
Burial Type:		(Tick)	1st	2 nd , 3 rd , 4 th
	Full			
	Cremated Remains			
	Ashes Vault			
Remove Memorial:	Yes	No	Memorial Removal by: (Permit to be requested prior to removal)	

Name of Funeral Director:	
Address:	
Phone:	
Email:	
Funeral Director Name/Signature:	
Date:	

Full Name of Deceased:	
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Grave Owner and Applicant Details:*By signing below the applicant:*

1. Consents to the above-named deceased being interred therein.
2. Agrees to comply with the Cemetery Rules and Regulations and abide by the restriction and regulations on types of memorial and ornaments etc that are allowed in the cemetery area.
3. Please tick either A, B, C or D:
 - ☐ A. Wishes to purchase the Exclusive Right of Burial and be recorded as the grave owner;
 - ☐ B. The Deceased was the owner of the Exclusive Right of Burial for the grave and is thus entitled to be interred therein if there is sufficient space. The applicant agrees to abide by the restriction and regulations on types of memorial and ornaments etc that are allowed in the cemetery area.
 - ☐ C. Wishes to purchase the Exclusive Right of Burial and for the following to be recorded as the grave owner; Form of Renunciation and Statutory Declaration must be submitted to the Burial Authority
 - ☐ D. The Deceased was not the named owner of the Exclusive Right of Burial for the grave. The grave owner below owns the exclusive Right for Burial for the grave and, in signing this form, gives their consent to the named deceased person being interred therein. The applicant/owner agrees to abide by the restriction and regulations on types of memorial and ornaments etc that are allowed in the cemetery area.

Grave Owner Details

Full Name:	
Address:	
Post Code:	
Tel Number:	
Email:	
Relationship to Deceased:	
Signature:	
Date:	

Applicant Details

Full Name:	
Address:	
Post Code:	
Tel Number:	
Email:	
Relationship to Deceased:	
Signature:	
Date:	

