

# CHALFONT St. PETER PARISH COUNCIL

Council Office, adj. The Community Centre, Gravel Hill, Chalfont St Peter, Bucks, SL9 9QX  
 Tel & Fax: 01753 891582 email: [clerk@chalfontstpeter-pc.gov.uk](mailto:clerk@chalfontstpeter-pc.gov.uk)  
 Website: [www.chalfontstpeter-pc.gov.uk](http://www.chalfontstpeter-pc.gov.uk)



Clerk: Mrs Debbie Evans

Deputy Clerk: Nick Stayt

## NOTICE OF INTERMENT

THREE CLEAR WORKING DAYS NOTICE TO BE GIVEN PRIOR TO INTERMENT

<b>DATE AND TIME OF BURIAL:</b> .....		<small>(as agreed with the Parish Council)</small>	
<b>NAME IN FULL OF DECEASED:</b> .....			
<b>HOME ADDRESS:</b> .....		.....	
.....		.....	
<b>POST CODE:</b> .....		.....	
<b>AGE:</b>	<b>DATE OF DEATH:</b>	<b>GRAVE NO:</b>	
<b>PLACE WHERE DEATH OCCURRED:</b>			
<b>NAME OF OFFICIATING MINISTER:</b>			
<b>NAME OF PURCHASER OF BURIAL PLOT</b> .....			
<b>ADDRESS</b> .....		.....	
.....		.....	
<b>TELEPHONE</b> .....		.....	
<b>E mail address</b> .....		.....	
<b>PROPOSED DEPTH OF GRAVE</b> SINGLE DOUBLE / RE-OPEN or CREMATED REMAINS .....		<b>SIZE OF COFFIN</b> .....	
<b><u>FEES</u></b>		<b><u>UNDERTAKER</u></b>	
<b>INTERMENT FEE</b> .....	£ .....	<b>NAME OF UNDERTAKER</b> .....	
<b>DOUBLE IF NOT RESIDENT</b> .....		<b>ADDRESS</b> .....	
<b>GRAVE DIGGER FEES</b> .....	£ .....	.....	
<b>(if required)</b> .....		.....	
<b><u>TOTAL FEE</u></b> .....	£ .....	<b>TELEPHONE NUMBER</b> .....	

	Signature	Print	Date
I confirm I have read and agree to abide by the Cemetery Regulations			

**Hours of Interment: 9.30-2.30 Monday to Thursday, 9.30-1.30 Friday**