

Hailsham Town Council Inglenook, Market Street, Hailsham, East Sussex,BN27 2AE Tel 01323 841702 Town Clerk – John Harrison

HAILSHAM CEMETERY - NOTICE OF INTERMENT (CREMATED REMAINS)

DECEASED DETAILS				
Full name of deceased				
Place at time of death				
Date of death			Age at Death	
Usual or former residence				
Have you attached proof of residency?				
BURIAL DETAILS				
Date and time of interm	nent			
Name of Minister				
Time & Place of Servic	е			
Grave No.		Section		
Name of Undertaker/E	Burial Organise	er		
Phone No. of Undertaker/Burial organiser				

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PURCHASER/DEED HOLDER DETAILS								
Name of Deed holder/Nominated								
Representative								
Relationship to Deceased								
Address								
Post Code			Telephone					
For burials in an existing grave space, please state the deed number								
I have received and/or read a copy of the Cemetery regulations relating to interments at Hailsham Cemetery and agree to abide by these rules.								
Signed: Deed Holder/ Nominated Representative								
The accurate dimensions of the container of cremated remains MUST be shown below. A diagram of container would be helpful, ff the container is of an unusual shape, this must also be indicated.								
If supplying a diagram, please do so below								
NAME OF DECEASED:								
DATE OF INTERMENT:								
DIMENSIONS/MEASUREMENTS:								