

LLANCARFAN COMMUNITY COUNCIL

CYNGOR CYMUNED LLANCARFAN



NOTICE OF INTERMENT

Full Name of Deceased	
Last Residential Address of Deceased	
Parish in Which Death Occurred	
Date of Death	
Profession or Other Description	
Age of Deceased	
Date of Burial	
Time of Arrival at Burial Ground	
Name and Address of Minister Officiating	
Number of Grave Space	
Date of Last Interment (if any)	
Bricked or Unbricked Grave?	
Undertakers Name and Address	

Signature of Applicant _____

Address _____

_____ Date _____