


# Drake Memorial Park

Opposite Stag Lodge, Hays Road, Plympton, Plymouth PL7 1UQ  
 Tel: 01752 337937 Fax: 01752 337978 Email: superintendent@drakememorialpark.co.uk

## INTERMENT BOOKING FORM

<b>DATE OF INTERMENT:</b>	<b>TIME OF INTERMENT:</b>
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<b>BURIAL COMMITAL</b> <input type="checkbox"/> <b>BURIAL GRAVESIDE SERVICE</b> <input type="checkbox"/> <b>PART C REQUIRED PRIOR TO ANY BURIAL.</b>	<b>CREMATED REMAINS</b> <input type="checkbox"/> <b>CREMATION CERTIFICATE REQUIRED PRIOR TO ANY INTERMENT. BIO DEGRADABLE ASHES CONTAINERS ONLY.</b>
<div style="display: flex; align-items: center;"> <div style="flex: 1;"> <input type="checkbox"/> Coffin  <input type="checkbox"/> Casket  <input type="checkbox"/> Ashes (CRs) Casket             </div> <div style="flex: 0.5; text-align: center;">  </div> </div> <p>Coffin Width: A: ..... B: ..... C: .....</p> <p>Burial Casket length &amp; Width:</p> <p>CRs/Casket Length &amp; Width:</p> <p style="color: red; font-size: small;">For full burials a coffin lowering device will normally be provided unless you indicate that this is not required:</p> <input type="checkbox"/> No burial lowering device required	<p style="text-align: center;"><b>PLOT INFORMATION</b></p> <p><b>PLOT NUMBER:</b>                      <b>DEED NUMBER:</b></p> <input type="checkbox"/> First Interment – new plot required <input type="checkbox"/> First Interment in Own Plot (Pre-Purchased) <input type="checkbox"/> Second Interment
<p>For a pre-purchased plot or second interment please obtain the relevant Deed of Grant from the client and forward a copy of its front page to Drake Memorial Park with this form.</p> <p>If this cannot be located please supply as much information as is known about the Deed Holder:</p> <p>.....</p>	

Full Names of Deceased .....

Who died at .....

Date of Death ..... Date of Birth ..... Age .....

Full Names of Next of Kin .....

Address .....

..... Post Code .....

Telephone No ..... Relationship to Deceased .....

Relationship to Deed Holder (existing plot only) .....

Funeral Director/DMP Company & Branch.....

Funeral Director/DMP/ NOK signature ..... PRINT ..... Date .....

For Office use only:

For new plot interment	Received & Deed Holder Validity	At Interment
Plot no allocated .....	Checked by:.....	Crem Cert OR Part C Received <input type="checkbox"/> Yes <input type="checkbox"/> No
Deed no allocated .....	Invoice Number.....	Interment by .....