

# CORFE MULLEN PARISH COUNCIL

Council Office, Towers Way, Corfe Mullen, Wimborne, Dorset, BH21 3UA.  
Tel.: 01202 698600 Email: [office@corfemullen-pc.gov.uk](mailto:office@corfemullen-pc.gov.uk). Parish Clerk: Mrs K.M. Blee

## Application to Purchase Exclusive Right of Burial in a Grave Space In Corfe Mullen Cemetery

### Part 1 APPLICANT DETAILS

#### Applicant 1

Full Name	
Address	
Telephone Number	

#### Applicant 2

Full Name	
Address	
Telephone Number	

*If there are more than two applicants please provide details on additional sheet.*

### Part 2 INTENDED USE

Please state the names and addresses of those the grave is intended to be used for:

#### Person 1

Full Name	
Address	

#### Person 2

Full Name	
Address	

*If more than 2 persons please provide details on an additional sheet.*

<b>Part 3 GRAVE DETAILS</b>
-----------------------------

Full Name and Address of Proposed Burial Right Holder 1 <i>(if different to Applicant 1)</i>	
Full Name and Address of Proposed Burial Right Holder 2 <i>(if different to Applicant 2)</i>	

*If there are more than two proposed right holders please provide details on additional sheet.*

Full Burial	<input type="checkbox"/>	Double Depth	<input type="checkbox"/>
Cremated Remains	<input type="checkbox"/>	Single Depth	<input type="checkbox"/>
Old Cemetery	<input type="checkbox"/>	Grave Number <i>(if known)</i> :	
New Cemetery	<input type="checkbox"/>		

<b>Part 3 PAYMENT DETAILS</b>
-------------------------------

Amount of Fees enclosed	£
<i>Preferred method of payment is internet banking – Bank Details:- Co-operative Bank Sort Code: 08-92-99 Account No: 65314540 (quoting the your name as the reference)</i>	<i>Payment method - Cheque</i> <input type="checkbox"/>  <i>Internet transfer</i> <input type="checkbox"/>  <i>Date of transfer .....</i>

<b>Part 4 DECLARATION</b>
---------------------------

I declare that:	
I have received a copy of the Council's Cemetery Regulations and agree to abide by these	<input type="checkbox"/>
I understand that the Grant of Exclusive Right is granted for a period of 50 years	<input type="checkbox"/>
Signed by Applicant 1	
Date	
Signed by Applicant 2	
Date	

*If there are more than two applicants please provide details on additional sheet and sign and date.*

---

**OFFICE USE ONLY**

Resident	<input type="checkbox"/>	<b>Entries Completed:</b>			
Non Resident	<input type="checkbox"/>				
Correct Fee paid?	Y/N				
Amount	£	Epitaph	<input type="checkbox"/>		
Amount o/s	£	Cemetery plan	<input type="checkbox"/>		
Invoice No. & Date		Grave Allocated	Y/N		
Invoice, Grant Deed & Regulations sent	Y/N	Grave No.		Processed by: <i>(pls initial)</i>	