

ST HELENS* / NEWTON* CEMETERY (*DELETE)

CREMATION PLOT PURCHASE FORM

NAME AND ADDRESS OF PURCHASER(S)		
(1) (FULL NAME)Mr/Mrs/Ms		(PRINT)
ADDRESS		POSTCODE
(2) (FULL NAME)Mr/Mrs/Ms		(PRINT)
ADDRESS		POSTCODE
(3) (FULL NAME)Mr/Mrs/Ms		(PRINT)
ADDRESS		POSTCODE
(4) (FULL NAME)Mr/Mrs/Ms		(PRINT)
ADDRESS		POSTCODE
CONTACT NUMBER(S)122	3	4
I/we agree to the conditions applicable to the	purchase of new g	raves
(1) Signature		DATE
(2) Signature		DATE
(3) Signature		DATE
(4) Signature		DATE
(Rules and Regulations appertaining to the punds: <u>ALL</u> GRAVE OWNERS ARE REQUIRED TO GRAVE I.E. OPENING OF THE GRAVE, MEMOThis form should be sent to: Crematorium/Cel Payment may be made by credit/debit card or cheques).	TO SIGN ANY RELE DRIAL WORKS ETC metery Office, Rain	EVANT FORMS IN RESPECT OF THIS ford Road, St Helens, WA10 6DF
Office Use Only: GRAVE ALLOCATED: Section	Number	By

St Helens Council is registered with the Information Commissions Office (ICO) under the provisions of the Data Protection Act 2018. The council takes its responsibilities under the Act very seriously. For further information please see our full privacy notice available at www.sthelens.gov.uk/bereavementprivacynotice or in person at St Helens Cemetery & Crematorium Office, Rainford Road, St Helens WA10 6DF (Revised September 2019)

St. Helens... working to be clean, green, healthy and safe

www.sthelens.gov.uk

