

In the Diocese of _____

In the _____ of _____

(Insert appropriate Local Authority District)

Date of Burial	Date of Disposal of Cremated Remains	Plan Ref. No.	Officiating Minister	
			Name	
			Signature	
			Name	
			Signature	
			Name	
			Signature	
			Name	
			Signature	
			Name	
			Signature	
			Name	
			Signature	
			Name	
			Signature	

SAMPLE