LOUTH TOWN COUNCIL

APPLICATION FOR GRANT OF EXCLUSIVE RIGHT TO RESERVE A BURIAL SPACE AT LONDON ROAD CEMETERY, LOUTH, LINCOLNSHIRE

Please complete and return to: Louth Town Clerk, Louth Town Council, Sessions House, Eastgate, Louth Lincs. LN11 9AJ Email: clerk@louthtowncouncil.gov.uk Tel: 01507 355895

To be completed by	the applicant.				
Declaration Mr/Mrs/Ms/Miss* circle as required. Or indicate other					
First Name(s)					
Surname					
Address					
Postcode					
Telephone Number					
Email address					
To reserve for a period o	of 60 years				
Full Grave Space Indicate number (allows for full burial followed by up to four ashes burials)					
Cremation Plot Indicate number (each cremation plot allows for two ashes burials)					
Details of the grave space	e(s) to be reserved if known:	Section Comp Ro	ow Gravespace		
cation. I confirm that all etery Rules and Regulation Louth Town Council's Ce information and correspondation of the information that I am removed from	details entered on this form are ons, Memorial Guidelines, a leaf metery Privacy Notice. I agree to onding with me in relation to cen that Louth Town Council keep to Louth Town Council's database. I information being shared with morial mason.	d owner of the gravespace for 60 year correct. I confirm that I have receive flet on Exclusive Rights of Burial and hat the Council may process my permetery services . I understand that on record and I have the right to with third parties, where appropriate, in	ed a set of the London Road Cem- I have read and understood the sonal information for providing I have the right to request modifi- hdraw my consent and request		
Total Cost £	Payment received by SC I	LP Amount Receipted £	Receipt No.		
Total Cost E	Payment Date	Lr Amount Neceipteu I	Invoice No.		
Gravespace /	EX/RT Certificate	Date Certificate sent	App Ref No		
Ashes Plot /					
Database x 1 Grave Books	Name of person buried if	for Other notes			