

**WESTMORELAND PARISH COUNCIL**

**APPLICATION FOR BURIAL ON PRIVATE PROPERTY**

DATE: \_\_\_/\_\_\_/\_\_\_

Name of Applicant: \_\_\_\_\_

Name of Deceased: \_\_\_\_\_

Gender of Deceased: \_\_\_\_\_

Address of Burial Spot: \_\_\_\_\_

Date of Grave Digging: \_\_\_\_\_

Contact #: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

**Proof of Land ownership required**

**OFFICE USE ONLY**

Fee: \$ \_\_\_\_\_

Receipt#: \_\_\_\_\_

Cashier Signature: \_\_\_\_\_