



**ST. THOMAS PARISH COUNCIL  
11 CHURCH STREET  
MORANT BAY  
BURIAL APPLICATION FORM**

Application Date: .....

Name of Applicant: .....

Address : .....

Telephone #: .....

Name of the Deceased:.....

Date of the Funeral: .....

Location of Family Plot:.....

Direction to Family Plot: .....

.....

.....

Land Owner: .....

Proof of Ownership:  or  or  and  and   
**Title Will J.P. Letter Updated Tax Receipt Death Certificate**

Funeral Home Engaged:.....

Signature of Applicant: .....

**OFFICIAL ONLY**

Receipt #: .....  
Cashier

Date of inspection: .....  
St. Thomas Parish Council Health Department

Officer Assigned:.....  
St. Thomas Parish Council Health Department

Recommended for Approval:      
Yes No Yes No  
St. Thomas Parish Council Health Department

Health Department  
Comments:.....  
.....

St. Thomas Parish Council  
Comments:.....  
.....

St. Thomas Parish Council  
Authorized Signature:.....

**Secretary/Manager/ Superintendent**