



APPLICATION FOR EXCLUSIVE RIGHT OF BURIAL

THIS SECTION TO BE COMPLETED AND SIGNED BY THE NEW DEED HOLDER (please complete in capital letters)

I wish to apply to reserve the right of b	urial in:	
Name of cemetery		
Preferred section	Grave number	
PLEASE TICK AS APPROPRIATE:		
	coffin burials (subject to prevailing ground cold for full burials, the grave can still be used for up to 8 sets of	
a grave for cremated remains but Note: These graves are at Thornton G These accommodate up to 6 sets of G	Garden of Rest and Liverpool Road Cemetery only.	
Title: Mr/Mrs/Ms/Miss/Other:		
Full Name:		
Address:		
	Postcode:	
Contact Number:		
Email:		
	ormation about its service users. Information is processed in according with other agencies only where the law permits. Sefton Councient of the law permits is a sefton councient of the law permits.	
Signature of Owner	Date	
Original signature only – digital and typed s		
PLEASE RETURN THE COMPLETED FO	ORM TO:	
Bootle or Thornton Cemeteries thornton Thornton Garden of Rest, Lydiate Lane, T		
	eries southport.crematorium@sefton.gov.uk Scarisbrick, Southport PR8 5JQ 01704 533443	
PAYMENT IS BY CARD ONLY, EITHER	IN PERSON OR BY PHONE.	
The grave Deed will be posted to you o	nce your application has been processed.	
FOR OFFICE USE ONLY:		
CemeterySection/Grave number		
Grant No:	Allocated next excilable:	
Amount £	—— Receipt	GPF V6 0520

GPF V6 052025