



St.Helens Council

ST HELENS* / NEWTON* CEMETERY (*DELETE)

GRAVE PURCHASE FORM FOR *1 *2 *3 BURIALS *(circle)

NAME AND ADDRESS OF PURCHASER(S)

(1) (FULL NAME)Mr/Mrs/Ms.....(PRINT)

ADDRESS.....POSTCODE.....

(2) (FULL NAME)Mr/Mrs/Ms.....(PRINT)

ADDRESS.....POSTCODE.....

(3) (FULL NAME)Mr/Mrs/Ms.....(PRINT)

ADDRESS.....POSTCODE.....

(4) (FULL NAME)Mr/Mrs/Ms.....(PRINT)

ADDRESS.....POSTCODE.....

CONTACT NUMBER(S)1.....2.....3.....4.....

I/we agree to the conditions applicable to the purchase of new graves

(1) Signature.....DATE.....

(2) Signature.....DATE.....

(3) Signature.....DATE.....

(4) Signature.....DATE.....

(Rules and Regulations appertaining to the purchase of graves will be included with the grave grant)

NB: ALL GRAVE OWNERS ARE REQUIRED TO SIGN ANY RELEVANT FORMS IN RESPECT OF THIS GRAVE I.E. OPENING OF THE GRAVE, MEMORIAL WORKS ETC.

This form should be sent to: Crematorium/Cemetery Office, Rainford Road, St Helens, WA10 6DF
Payment may be made by credit/debit card or cash. (Unfortunately we no longer accept personal cheques).

Office Use Only:

GRAVE ALLOCATED: Section.....Number.....By.....

Fee £.....Receipt.....Date.....Grant.....

St Helens Council is registered with the Information Commissions Office (ICO) under the provisions of the Data Protection Act 2018. The council takes its responsibilities under the Act very seriously. For further information please see our full privacy notice available at www.sthelens.gov.uk/bereavementprivacynotice or in person at St Helens Cemetery & Crematorium Office, Rainford Road, St Helens WA10 6DF

