



APPLICATION FOR GRAVE SEARCHES

YOUR DETAILS:

Full Name: Mr/Mrs/Ms/Miss
Address:
.....
..... Postcode:
Tel. Number: Home: Work:
E-mail address:

GRAVE DETAILS:

Please complete the following with as much detail as possible.

Location: London Road Cemetery / Devizes Road Cemetery* *Please delete as appropriate*

Date of death (if known - dd/mm/yyyy):

Date of funeral (dd/mm/yyyy):

Full Name of deceased:

Address or place of death of Deceased:

Age of Deceased at death:

Details of Grave Owner:
.....
.....
.....

If you wish to locate a grave within Salisbury's cemeteries, please complete the request form. It would assist us in answering your question more quickly if you can complete this form with as much detail as possible.

Is there a memorial on the grave? (Yes / No):

Please note there is a charge for this service of £33 per individual grave search.

Cheques made payable to: Salisbury City Council

Signed: Date:

Please return this form to:

Crematorium & Cemeteries Office
Salisbury Crematorium
Barrington Road
Salisbury
SP1 3JB