



GRAVE COLLECTION FORM

PERSONAL DETAILS

*Name of Deceased (as per the death certificate):	
Date of Death (if known) :	
*Authorising Name:	
*Relationship to Deceased:	
Home Tel. No.	
*Mobile Tel. No.	
*Email address:	
Signature:	

*** Fields are necessary**

This signature is providing permission from the above mentioned family member/relation; to allow BHDG Cemetery Group to research and provide details of the location of the grave within Pleasington Cemetery. This information will be kept on a secure and will only be disclosed to the above mentioned family member/relation.