

**TO: CASHEL TOWN COUNCIL**

**URGENT**

**ORDER FORM – INTERMENT**

This order is for the purchase of a Single/Double/Triple Plot

This order is for an interment only (delete as appropriate)

Please open Grave in Section No. \_\_\_\_\_ Plot No. \_\_\_\_\_ Folio No. \_\_\_\_\_  
\_\_\_\_\_ for the burial of \_\_\_\_\_

whose funeral will reach the Cemetery after \_\_\_\_\_ O’Clock, mass on \_\_\_\_\_, the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

First, Second, Third Interment in this space (delete as appropriate)

Number of grave spaces \_\_\_\_\_ sold to \_\_\_\_\_

**PARTICULARS OF REGISTRATION**

Name of Deceased (in full) \_\_\_\_\_

Residence \_\_\_\_\_

Occupation or rank in life \_\_\_\_\_

Married \_\_\_\_\_ Single \_\_\_\_\_ Widow/Widower \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Years \_\_\_\_\_ Days \_\_\_\_\_

Date of Death \_\_\_\_\_ Date of Interment \_\_\_\_\_

Place of Residence at time of Death \_\_\_\_\_

Interment requested by \_\_\_\_\_ Tel. No. \_\_\_\_\_

**UNDERTAKER**

I, \_\_\_\_\_ certify the foregoing particulars are correct

Relationship to Deceased \_\_\_\_\_ Date \_\_\_\_\_

Purchase of grave \_\_\_\_\_ Interment Fee \_\_\_\_\_

Paid \_\_\_\_\_ Rec. No. \_\_\_\_\_

Note: 36 hours notice is required for an interment to take place

**PLEASE FAX THIS FORM TO 062-64797 AND TELEPHONE 062-64700 TO CONFIRM ITS RECEIPT**