

APPLICATION FOR GRAVE SEARCHES

If you wish to locate a grave within Poole'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.

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: Branksome Cemetery Broadstone Cemetery
Parkstone Cemetery Poole Cemetery

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:

Occupation of deceased (if known):

Details of Grave Owner:

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

Please note there is a charge for this service.

Signed: Date:

Please return this form to:

Superintendent Registrar
Poole Crematorium
Gravel Hill
Poole
BH17 9BQ

Or

Fax: 01202 659497