



Boston Road Cemetery
Grave Reservation Application

Name of applicant(s):

Grave Number (if known):

Type of grave (please tick): Cremated remains:

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Family ashes:

☐

Burial:

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Name, address and contact details of applicant(s) to whom EROB will be granted (maximum of 2):

Email:

Tel no:

I understand that by signing this application form I am applying to hold the Exclusive Rights of Burial for the above numbered grave:

Signed:

Dated:

Signed:

Dated:

Reservation Fee £:

Date Paid:

Name and address of Funeral Director (if any):

(Personal information will not be disclosed to third parties and will only be used for the purpose for which it has been collected).

(For completion by Horncastle Town Council)

EROB checked:

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Grave details checked:

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Epitaph Updated:

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Fee received:

Transfer completed :

Signed:

Dated: