



# WINCANTON TOWN COUNCIL

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## Grave Digging Order

Funeral Director .....

Contact Telephone Number .....

Name of Grave Digger .....

Date and Time Arriving to Dig Plot .....

**\*NEW / REOPEN \***

Grave Section & Plot Number .....

Depth to be Excavated .....

*Coffin / Casket* Dimensions	Length	Width	Depth
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Name of Person to be Buried .....

Day and Date of Burial .....

Time Arrival at Burial Ground .....

### **\*Delete those inappropriate**

If Reopen, Type of Memorial Present

To be removed by .....

Name on Memorial .....

Completed By:..... Date: .....