

Application to purchase exclusive right of burial – The Memorial Garden

Name:	Date of birth:
Name:	Date of birth:
Address:	
Telephone number:	
Signature:	Date:
Signature:	Date:
Plot number(s):	_Type of facility:
Length of Lease (please tick as requi	red): \square 50 years \square 75 years
Proof of residence seen: \Box	
Please note that the maximum size of wide and 21 inches deep (including h	of a coffin or casket is 84 inches long, 30 inches nandles).
To confirm the prices please contact cemeteries@bexley.gov.uk.	the cemetery office on 020 3045 4100 or email
Please return this form with a chequ	e made payable to London Borough of Bexley to:
The Cemeteries Office Civic Offices 2 Watling Street	
Bexleyheath Kent	
DA6 7AT	
☐ Tick the box if you wish to pay by	card and we will telephone you to take payment.
For office use only	
Receipt No:	
Amount:	
Date Paid:	