



MAP REF:

AREA:

PRE-PAID APPLICATION

Full Name:

Address:

..... Postcode: Date of Birth:

PLOT DETAILS

Area: Wildflower Meadow / Spring Corner / Bluebell Wood / Water's View **Plot Cost:**

Type of grave: Full grave for one single depth burial / Plot for the burial of one set of ashes

This is for the first and only plot / This is for an additional plot, adjacent to plot no:

NB. (a) To secure additional plots, a Pre-Paid Plot Application form needs to be completed for each one

(b) Prices are NOT INCLUSIVE of the grave preparation & administration fee which is payable at the time of need

APPLICANT DETAILS and SIGNATURE

Declaration: I hereby apply to purchase the Exclusive Rights of Burial that I have selected. I accept that the Rights of Burial will only be provided if I have paid the total cost and will be subject to the Terms and Conditions (attached hereto and also available to download from www.oldparkmeadow.co.uk) which I have read and fully understand. I am aware that I am buying exclusive Right(s) of Burial on the land, not legal ownership of the land itself for a period of 75 years and have been given a signed copy of this form.

Dated the Day of 20.....

Signature of applicant:

Applicant Full Name:

Applicant Address:

..... Postcode:

Telephone: Email:

Relationship to the above:

Old Park Meadow is a controller of personal data under the General Data Protection Regulation. We will only use your personal information for the purpose it was provided.

Old Park Meadow Natural Burial Ground, Coppice Lane, North End, Chelmsford, Essex, CM6 3PL
Tel: 01245 806332 Email: info@oldparkmeadow.co.uk Website: www.oldparkmeadow.co.uk
Registered Office: 1 Old Park Farm, Ford End, Chelmsford, Essex, CM3 1LN Registered in England. Company Reg. No. 10525627



SECOND APPLICANT (if applicable)

Dated the Day of 20

Signature of Second applicant:

Applicant Full Name:

Applicant Address:

..... Postcode:

Telephone: Email:

Relationship to the person overleaf:

Signed on behalf of Old Park Meadow Ltd:

PAYMENT

Invoice to: Funeral Director / Applicant

Payment Type: Bank Transfer / Debit Card / Credit Card

Bank Details: Sort Code 20-97-40 Account Number: 73904296

Where did you hear about us?

All correspondence will be sent to the first applicant.

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