

REGISTER OF FUNERALS AND BURIALS

The Corporation of the Anglican Parish of _____

Church _____

Year _____

Page _____

Surname of deceased followed by Given Names _____
Last Address _____
Sex: Male _____ Female _____
Next of Kin or Contact Person _____
Relationship _____
Date of Birth _____
Place of Birth _____
Date of Death _____
Place of Death _____
Cremation: Yes _____ No _____
Date of Funeral _____
Place of Funeral _____
Date of Committal _____
Place of Committal _____
Officiant _____
Assistant _____
Assistant _____

Surname of deceased followed by Given Names _____
Last Address _____
Sex: Male _____ Female _____
Next of Kin or Contact Person _____
Relationship _____
Date of Birth _____
Place of Birth _____
Date of Death _____
Place of Death _____
Cremation: Yes _____ No _____
Date of Funeral _____
Place of Funeral _____
Date of Committal _____
Place of Committal _____
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