

The Benefice of Blendworth with Chalton with Idsworth Funeral Information



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|--|--|--------------|-----|
| NAME OF DECEASED | | AGE | DOB |
| DATE OF DEATH | | | |
| ADDRESS | | | |
| NEXT OF KIN | | RELATIONSHIP | |
| ADDRESS, & Tel. no. Email Address | | | |
| DATE & TIME OF SERVICE | | | |
| WHERE IS SERVICE TAKING PLACE | | | |
| DATE & TIME OF INTERMENT/BURIAL | | | |
| ENTRY IN BURIAL REGISTER IF APPLICABLE | | | |
| FUNERAL DIRECTOR, CONTACT NAME AND Tel. no. | | | |
| WHO IS TAKING SERVICE | | | |

By signing this form, you are confirming that you consent to the PCC of holding and processing your personal data for the purposes of contacting you in respect of the forthcoming funeral, and/or keeping you informed about news, events, activities, and services in the United Benefice of Blendworth with Chalton with Idsworth.

Please indicate your preferred method/s of contact:

Funeral: Phone News and events: Phone
 Email Email

Signed..... Date.....

Please return this completed form to the Parish Office, office@bcichurches.org.uk.