Dig Sheet



Please complete and return in the case of all full burial applications.				
То:				
From:				
Funeral Director:				
Full name of deceased: Mr / Mrs / Ms				Age:
Service location:				
Day, date, and time of	f burial:			
Estimated time of arri	ival at graveside) :		
Grave section/numbe	r:			
External dimensions of coffin in inches (including any handles):				
Length:	Width:		Depth:	
Type of coffin:				
Shape of coffin:				
Grave depth:				
Number of webs required:				
Location Details: (to be completed by Wimborne Cemetery Clerk)				
Additional Comments:				
Completed by:			Dated:	