



## Application for a Closure Order for Discontinuance of Burials in Church of England Churchyards – Section 1 Burial Act 1853

The following information is needed to enable the Department for Constitutional Affairs to make representations to the Privy Council for an Order requiring the discontinuance of burials in a churchyard or burial ground of the Church of England.

Please read the attached notes and answer all the questions

1. Name and address of applicant

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Postcode: ..... Tel: .....

2. Name of the churchyard or burial ground

3. Location of the churchyard or burial ground

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**Please provide an A4 plan of the burial ground to be closed (1:1250 scale is ideal for this purpose), clearly indicating the boundaries of the burial ground for closure.**

4. Name of the Ecclesiastical Parish

5. Name of the Civil Parish, if applicable, and the name and address of the Parish Clerk or Chairman

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Post code ..... Tel: .....

6. Name of the District council in whose area the burial ground lies.

7. Please state grounds for closure (see paragraph 3 of the attached notes)

8. Has all the ground to be closed been used for burials?	YES / NO
9. Please state the number of any grave spaces reserved by faculty	<input style="width: 30px; height: 20px;" type="text"/>
10. If you have any unused, unreserved grave spaces please state	
i. How many <input style="width: 30px; height: 20px;" type="text"/>	ii. How long do you estimate before they will be used .....
11. Are there any vaults and walled graves with space for further interments?	YES / NO
12. Are there any existing family, earthen graves with space for further interments so that no part of any coffin would be at a depth of less than one metre below the level surface of the ground adjoining the grave?	
YES / NO	
13. Do you wish interments in the reservations vaults and graves mentioned in 9, 11 and 12 to be excepted from the operation of any Order in Council which may be issued? (see paragraph 4 of the attached notes)	
YES / NO	

**SIGNED**

**INCUMBENT**

Name \_\_\_\_\_ Signature

**CHURCHWARDENS**

Name \_\_\_\_\_ Signature

Name \_\_\_\_\_ Signature

Name \_\_\_\_\_ Signature

**DATE**

Please send the completed form together with the required plan to:

Department for Constitutional Affairs  
 Coroners Division  
 Ground Floor  
 Abbey Orchard House  
 4 Abbey Orchard Street  
 London SW1P 2HT  
 Tel: 0207 340 6659 or 0207 340 6660