



Limerick City & County Council

APPLICATION FORM FOR GRAVESPACE(S)

TO BE COMPLETED BY APPLICANT

Name of Burial Ground: _____

Number of Gravespaces required – (1 or 2): _____

Name of Applicant: _____

Address of Applicant: _____

Telephone Number: _____

Signed by Applicant: _____

Date: _____

TO BE COMPLETED BY CARETAKER

Number of Gravespace(s) to be allocated – (1 or 2) _____

Fee for same: _____

Receipt no. _____

Signed by Caretaker: _____

Date: _____

Please note that this completed application form plus the appropriate fees for gravespace(s) must be forwarded to Limerick City & County Council, Community & Support Services, Merchants Quay, Limerick or your local area office within seven days from date of completion of this application.

Persons purchasing a grave which coincides with a burial may also purchase online at <https://payments.limerick.ie/cemetery/> - PLEASE CHECK IN ADVANCE WITH CARETAKER THAT SPACES ARE AVAILABLE.

On payment of the appropriate fee a receipt will be issued which should immediately be taken back to the Burial Ground Caretaker.

Note

- **Gravespace(s) are Non refundable.**