



## PETERBOROUGH BURIAL EXPENSES SCHEME APPLICATION FORM

PERSONAL DETAILS			
<i>Please provide your details in the boxes below</i>			
<b>Title:</b>		<b>Surname:</b>	
<b>First Name(s):</b>			
<b>Date of Birth:</b>		<b>Marital Status:</b>	Single / Married / Divorced / Widowed
<b>Address:</b>			
<b>Postcode:</b>			
<b>Home Tel:</b>			
<b>Mob Tel:</b>			
<b>Work Tel:</b>			
<b>Email:</b>			

FAMILY DETAILS				
<i>Please provide details of your spouse and your children under the age of 18 years if you wish them to be covered under the scheme</i>				
Family	Title:	Surname:	First Name(s):	Date of Birth:
<i>Spouse:</i>				
<i>Children:</i>				

DETAILS OF COVER REQUIRED <i>(please tick appropriate box)</i>	
<input type="checkbox"/>	Individual cover
<input type="checkbox"/>	Family cover (includes the individual, their spouse and any children under 18 years old)
<b>Signed:</b> .....	<b>Date:</b> .....

FOR OFFICE USE ONLY	
Date application approved:	
Comments:	

Member of CoEJ:

