

Ministry of Health and Social Development
Government of the Virgin Islands



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**APPLICATION TO COMMENCE/CONTINUE USE OF ANY AREAS
AS PRIVATE CEMETERY**

FORM 1

1. I/We _____ of _____ make an application to the Minister of Health and Social Development to operate a Private Cemetery.
2. Name of Burial Ground _____
3. Physical Location of Burial Ground _____
4. Registration Section _____ Block No. _____ Parcel No. _____ Size _____ acres
5. Name of landowner(s) _____
6. Please list any major landmarks that are located close to the burial ground

7. Name of Burial Ground Manager/Other Contact Person:

8. Contact information for Burial Ground Manager/Other Contact Person:

| | | |
|----------------------|--------------------|---------------|
| Telephone number (H) | Cellular telephone | Email Address |
|----------------------|--------------------|---------------|

Mailing Address: _____

9. I am available for a site inspection on _____ between the hours of _____ and _____.

Signature of Applicant

Date