

# SOUTH LAKELAND DISTRICT COUNCIL

Cemeteries Office. S.L.House, 20-26 Lowther Street, Kendal LA9 4DH

This notice is to be delivered to the Cemeteries Office not less than 48 hours before the funeral, exclusive of Saturday, Sunday and all Public Holidays

## PART A – NOTICE OF INTERMENT .....CEMETERY

1. FULL NAME of DECEASED.....

2. Occupation or description.....

3. Age (last birthday).....Date of Death.....

4. Home Address.....Post Code.....

5. Place of Death.....

6. Day & Time of Burial: **Day**.....**Date**.....**Time** (at Cemetery.....

### 7. Details of Grave

Pre-purchased		Consecrated		Roman Catholic	
Non-consecrated		Common		Tick appropriate box	

Grave No.	Section	Depth(Single:Double:Ashes	New/Re-open
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8a. Is exclusive right of burial to be purchased? **YES / NO** - If yes, complete **PART C**

8b. If exclusive right of burial in the grave has been granted previously, was the deceased the owner of such right immediately before death, or expressly provided for in the deed of grant? **YES / NO**  
**If NO – Part B** overleaf must be completed by the owner, **OR** an indemnity given at **PART D** by the person responsible for the funeral arrangements.

Coffin/Casket	Size	L	X	W	X	H
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10. Will Cemetery Chapel be required? **YES / NO**

11. Name & Church of Minister (if attending).....

12. Name & Address of Undertaker.....

13. Signature of person giving the notice.....Date.....

## PART B Authority to Open Pre- Purchased Grave

I, being the owner of the Executive Right of Burial in Grave Number .....in Section .....  
.....Cemetery, hereby authorise the opening of the grave for the interment of:-

Signed ..... Date .....

Address .....

.....Post Code .....

**PART C Application for Grant of Exclusive Right of Burial**

I, (Full name of purchaser Mr/Mrs/Miss .....  
Occupation or description .....  
Relationship to deceased .....  
Or Address .....hereby apply for the  
Grant of Exclusive Right of Burial in Grave Space No..... in Section .....  
Of .....Cemetery  
On payment of the appropriate fees in force at the time of purchase  
Signed ..... Date .....

**PART D FORM OF INDEMNITY**

Must be completed in all cases of interment in a purchased grave if the authority of the Owner cannot be obtained or the Deed of Grant cannot be produced. (Not applicable where the interment is of the owner or person specified in the Deed of Grant)

I (Full Name).....  
Of (Address).....  
DECLARE THAT I AM THE (relationship to deceased).....

Of (Name of Deceased).....Deceased

I FURTHER DECLARE THAT ALTHOUGH:

- i) I am unable to produce the Deed of Grant of Exclusive Right of Burial in the grave space shown above
- ii) And/or I am not the person named in the said Deed of Grant

I claim the Right of burial on the following grounds:

.....

I hereby request the opening of the said grave for the interment of:

(Name of Deceased).....and agree to indemnify the South Lakeland District Council against all actions, suits, costs, claims, demands or expenses arising out of any act or default of the District Council or its servants as a result of them authorising the opening of the said grave and the interment of the deceased therein.

Signed..... Date.....

In the presence of .....

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**FOR OFFICE USE:**

Burial Register Number:	Grave Register Number:	Purchase Register Number:	Account Requisition Number: Amount:
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