

# SOUTH LAKELAND DISTRICT COUNCIL



Cemeteries Office. South Lakeland House, Lowther Street, Kendal, Cumbria LA9 4DQ  
[cemeteries@southlakeland.gov.uk](mailto:cemeteries@southlakeland.gov.uk)

This notice is to be delivered to the Cemeteries Office **not less than 4 working days** before the burial. A grave preparation notice cannot be submitted to the grave diggers until the notice is submitted.

## 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-denominational		Common		Tick appropriate box	

Grave No.	Section	Depth: Single: Double: Ashes	New/Re-open
-----------	---------	------------------------------	-------------

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** below must be completed by the owner, **OR** a transfer of ownership must be undertaken.

Coffin/Casket	Size	Length:	X	Width:	X	Height:
---------------	------	---------	---	--------	---	---------

10. Will Cemetery Chapel be required? **YES / NO**

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

12. Name & Address of Undertaker or Person Arranging Burial.....

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

## PART B Authority to Open Pre- Purchased Grave

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

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

Address.....

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

### FOR OFFICE USE:

Burial Register Number:	Grave Register Number:	Purchase Register Number:	Account No.:	Amount:

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

I, (Full name of purchaser) Mr/Mrs/Miss/Ms.....

Occupation or description.....

Relationship to deceased.....

Of (Address).....PostCode.....

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 Transfer of Ownership**

If the person to be buried is not recorded in our registers as the present owner of the Exclusive Right of Burial it will be necessary to arrange for transfer of ownership before the burial can take place.

Please contact the Cemeteries Office for more information if you are unsure who is the registered grave owner.

### **NOTES**