



This notice is to be delivered to the Cemeteries Office fully completed, as soon as possible, BUT not less than 72 hours before the burial (excluding non-working days).

Full Name			
Occupation/Description		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address			
Place of Death			
Date of Death		Age:	

Cemetery			
Burial Day		Burial Date	
Officiating Minister			
Is Chapel Required	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Grave No.		Sec.		Denomination	
Pre-purchased	<input type="checkbox"/>	New	<input type="checkbox"/>	Unpurchased	<input type="checkbox"/>
Burial Depth	Single <input type="checkbox"/>		Double <input type="checkbox"/>		Triple <input type="checkbox"/>
Ashes	Casket <input type="checkbox"/>			Loose Pour <input type="checkbox"/>	
Coffin/Casket Size	Length		Width		Height

Grave Ownership	
<input type="checkbox"/>	1. Authorisation to open and inter in the grave Where a living owner/s exists they must sign to authorise the burial in the grave.
<input type="checkbox"/>	2. Application for ownership of a new grave All new owners should be recorded on the reverse– additional page/s should be used as required. The owner named as Owner 1 will be sent the original Deed when it is issued.
<input type="checkbox"/>	3. Application for owners' burial The person arranging the burial (Next of Kin or Executor) is required to sign as applicant one below. A transfer of ownership will then be required.
<input type="checkbox"/>	4. Application for burial in an unpurchased grave * The person arranging the burial should sign as applicant one and also sign the additional unpurchased grave declaration.

Any ownership queries should be directed to the Bereavement Services Office before the form is submitted.

Funeral Director or Person Arranging Burial inc. Telephone Number	
Organiser Signature	

Office Use Only:

Cremation Number	Works No:	Burial Number	Purchase Number	Fee Amount		Account Number
				EROB	£	
				Inter	£	Invoice Number
Cremation Date		Folio	Register	Deed of Grant Number	Transfer	£
					Other	£
					Total	£
						Receipt Number



Owner/ Applicant 1			
Name (Mr/Mrs/Miss/Ms/Mx)			
Address		Postcode	
Telephone			
Email address			
Signed		Date	
Relationship to Deceased			

Owner/ Applicant 2			
Name (Mr/Mrs/Miss/Ms/Mx)			
Address		Postcode	
Telephone			
Email address			
Signed		Date	
Relationship to Deceased			

I wish to purchase a burial plot and agree to abide by the cemetery regulations and have had explained to me the options for memorials in that area.

I accept that the grave should not be covered in vases, planters, railings or other ornamentation which will impede the maintenance of the grassed areas.

I am aware that the Council have the right to remove and dispose of any articles which are placed on or planted into the lawn area of the grave.

Signed: **Date:**

Signed: **Date:**