



**NOTICE OF INTERMENT**

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For interment on:-	Day:	Date: / /	Time:
Name of Deceased:			Aged:
Permanent Address:			
Date & Place of Death	Died: / / , at		
<u>Details Of Interment</u>	Ward	Sec	No.
Number of Grave:	:	:	
	Size of Coffin		No of interments
	Length:	Width:	
Exclusive Right of Burial:	Previously Purchased/ Required	Minister:	Religion:

Note: IF THE EXCLUSIVE RIGHT OF BURIAL HAS BEEN PREVIOUSLY PURCHASED THE GRAVE WILL NOT BE OPENED (except where the owner is being interred) UNLESS THE FORM OF AUTHORITY HAS BEEN COMPLETED.

**EXCLUSIVE RIGHT OF BURIAL REQUIRED (please tick box for length of term required)**

30 years                       50 years

Name(s) of Purchaser(s):	_____
Address:	_____

**FORM OF AUTHORITY TO OPEN A GRAVE**

I (full name) \_\_\_\_\_ of \_\_\_\_\_ being the owner of the Exclusive Right of Burial of the above mentioned grave space, hereby authorise the opening of the grave for the interment/strewing of the cremated remains of the above named deceased.

Signed \_\_\_\_\_ Dated \_\_\_\_\_

Witnessed by \_\_\_\_\_ Signed \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>		<u>Fees payable</u>	
No in Burial register:		Interment	
Grave Register entered by:		Exclusive Right of Burial	
Exclusive Rights Register entered by:		Non resident/Ex resident	
Deed Number _____		Fee	
		Extra depth grave	
Funeral Director: _____			
Address: _____		<b>TOTAL</b>	
Telephone: _____			

Payment can be made by card by telephoning Bereavement Services on 01946 598305