

Application for Interment

Application to be delivered to the Bereavement Services Office between the hours of 9.00am and 4.45pm at least 2 clear working days before an interment, and 4 clear working days before interment in a brick grave requiring construction.

Cemetery	Whitwood Chapel	Space	Section	Row	Division
	Yes/No				

OFFICE USE ONLY
Date of interment
Burial No
Receipt No
Grave Deed No
Depth
Fee Payable £
Date of Booking
Grave Digging Slip

Burial Day Burial Date

Time Deceased's Full Name

Deceased's Address

Minister Denomination

Deceased's Age Date of Death Marital Status

Occupation Coffin / Casket / Other (please specify)

Exact size in feet and inches of coffin or casket inc. handles (length / width / depth at widest point)

(this is taken as the final size for which the grave will be dug)

Classification and Description of Grave (please circle one of the following options)

Earth Grave Burial / Vault / Earth Grave Cremated Remains / Memorial Garden / Strewing

Re-open Section No Con / Un-Con

Public Grave Section No Con / Un-Con

New Grave for Interment / s (number) Section No Con / Un-Con

(Do you intend to bury in at a later date yes/no?)

Memorial Garden Section No Con / Un-Con

Cremated Remains Section No Con / Un-Con

Scattering of Cremated Remains: Section No Con / Un-Con

Headstone on the grave. Yes / No (Name on Headstone if known)

Please note it is the applicant's responsibility to arrange for the headstone to be removed prior to the grave being prepared this should be done when the booking is made. If the Council has to remove the headstone, a fee will be charged and the Council will not accept responsibility for the headstone.
Please note if a new headstone is to be arranged for the grave, a stone mason who is approved and a member of the Councils Masons registration scheme must be used. There are restrictions on sizes and the Council reserves the right to refuse applications that are in breach of the scheme.

Name, address and signature of Present Grave Owner

Relation to the Deceased

MR / MRS / MISS / MS

.....
Postcode

Signature Date

Telephone Number (including STD code) / Mobile Number

Email

Name, address and signature of Applicant

Relation to the Deceased

MR / MRS / MISS / MS

Occupation Postcode

Signature Date

Telephone Number (including STD code) / Mobile Number

Email

Public burial direct from hospital **Yes / No**

Grave Ownership

Please enclose grave deed. If the grave deed is not available, or not showing the applicants details, please contact the Bereavement Services Office for further advice.

Name, address and signature of Funeral Director

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Postcode

Signature Date

Telephone Number (including STD code) / Mobile Number

Email