**NOTICE OF INTERMENT**

This notice, fully complete must be received by the Council at **least 3 full working days** in advance of the date of interment by either email of post. (applications for Mondays should be received by the Council no later than close of business the previous Tuesday)

It is the responsibility of the Funeral Director/Arranger to ensure that all the required details are correct, and the form is signed. The Council will not accept any responsibility for loss or delay of any notice. Any alteration in arrangements will be subject to consent from the Council and must be confirmed in writing.

A copy of the Green Burial Certificate, Coroners Certificate, or Cremation Certificate must be filed with this form, with the original to be given to a Council staff member on the day

All interments should be paid for prior to the date of interment, any late payments will result in a surcharge of XXXX. Please note all interment fees for persons not resident in Stotfold will be **tripled**. Proof of residency within two years prior to moving into care should be attached to this form.

Stotfold Town Council can only authorise the opening of a purchased grave with the permission of the Grave Grant Owner or to inter the Grave Grant Owner. In all other cases, ownership must be transferred to someone who can legally prove that they are entitled to receive these ownership rights. Where the Grave Grant Owner is the deceased, then the appropriate forms will need to be completed by all relevant persons to enable the transfer of ownership of the said Grave Grant. Evidence in the form of a Will, Grant of Probate, Sealed Letters of Administration or a Statutory Declaration will also be required.

The particulars must be completed in ink, BLOCK CAPITALS and be fully and accurately stated. Please only return the Interment Form to us once all information needed has been entered, this must include the coffin sizes.

**APPLICATION FOR INTERMENT** Interment number…….

Full Name of Deceased…………………………………………………………………………

Proposed Day, Date and Time of Interment………………………………………………….

Address of Deceased (if in a care home please provide previous address and date of moving as well) ………………………………………………………………………………….

………………………………………………………………………………….…………………

Age

Religious Denomination

Date and place of Death

Was Deceased a Stotfold Resident ……………………………Yes/No

Type of grave ……………………………………………. New / Re-Open / Purchased

Grave Number if Re-Open or Pre-Purchased) ………………………………………………

If re-open, please provide name of previously buried

If re-open has removal of memorial been arranged …………Yes/No

Name of Stone Mason removing memorial and contact number

Burial Type (Burials – coffin or casket) (Ashes - casket)

Size of Coffin/ Ashes Casket (in inches)

Length……………………. Width…………………………. Depth………………………….

Attendees on the day, (please specify) ………………………. None /Family / Minister

Grave preparation ……………………………………………………………………………

**Details of Funeral Director**

Name

Address

Tel No……………………………………………Email………………………………………….

**Please complete Section A (new grave/new ashes) or Section B (re-opening/ re-open ashes) where the Grave Grant Owner is to be interred or Section C if the Grave Grant owner is living**

**Section A New grave only (Maximum of two joint owners)**

I/We would like to purchase the Exclusive Rights of Burial:

Burial plot…………Yes / No Ashes Plot …………Yes / No

Full Name

Title

Home Address

Postcode

Email……………………………………………………. Tel.number

Relationship to deceased

Signature

Print Full Name

Full Name

Title

Home Address

Postcode

Email……………………………………………………. Tel.number

Relationship to deceased

Signature

Print Full Name

**Section B: previously purchased to be opened where Grave Grant Owner is deceased**

To be completed by the next of kin / executor / Administrator where the deceased is the grant owner:

Please open grave number: ….………………………. Section of Cemetery……………………

For the interment of…………………………………………… (the said Grave Grant Owner)

I confirm I am the Next of Kin of the Owner / Executor / Administrator of Owner’s Estate

If none of the above, state your relationship to the deceased grave owner

Signed:

Date

Print Full Name

Title

Home Address

Postcode.

Email ………………………………………………………………Tel.Number……………………………

**Section C: Previously purchased to be opened by the Grant Owner**

To be completed by the grave grant owner(s)

I/We are the registered owner of grave

We give permission for the interment of

Signed:

Date

Print Full Name and Title

Home Address

Email …………………………………………………Tel.Number…………………………………………

Signed:

Date

Print Full Name

Title

Home Address

Postcode..

Email ………………………………………………………………Tel.Number…………………………