

FORM A

**SHIRLAND & HIGHAM PARISH COUNCIL – INTERMENT AT SHIRLAND
CEMETERY**
**THE RE-OPENING OF A PURCHASED GRAVE AND CONSENT TO BURIAL BY
THE OWNER OF THE EXCLUSIVE RIGHTS**

This form, together with the certificate obtained from the Registrar/Crematorium and the appropriate fee, should be sent to the Parish Clerk at 11 Broughton Close Riddings Alfreton Derbyshire DE55 4DQ at least **TWO working days*** prior to the day of the funeral.

*Please note it may be necessary to postpone the interment due to late submission of documentation and fees.

I hereby authorise Grave number _____ to be opened for burial of the deceased person named on the attached form.

A copy of the deed of ownership is attached YES/NO (delete as appropriate)

Full name of registered owner Mr/Mrs/Ms _____

Address _____

Relationship to the deceased _____

By signing this application, I certify that the information above is correct and hereby undertake to indemnify Shirland and Higham Parish Council and all of its officers and members against any claim whatsoever relating to the grave, its ownership, or the exclusive right of burial therein.

Signature of registered owner _____

Date _____

FORM A

NOTICE OF INTERMENT

PARTICULARS OF DECEASED

SURNAME _____ AGE AT DEATH _____

FORENAMES _____

LAST ADDRESS _____

DATE OF DEATH _____

PLACE OF DEATH _____

DATE OF BURIAL _____ TIME _____

GRAVE REQUIREMENTS Re-open Grave/Re-open Ashes (Delete as appropriate)

Grave number _____

Coffin/casket (delete as appropriate) Coffin Size _____

FUNERAL DIRECTOR _____ TELEPHONE _____

ADDRESS _____

To be completed by the Applicant:

I hereby certify that the above particulars are correct and I abide by the cemetery rules and regulations as laid down by Shirland and Higham Parish Council, and any subsequent revisions.

FULL NAME _____

ADDRESS _____

DATE _____ SIGNED _____

Notes to Funeral Directors

A person who has lived at anytime during their life for 10 years or more in the Parish will be considered a 'Parish Resident' for the purpose of burial fee calculations. (proof of residency may be required)

The approved Grave Digger for Shirland Cemetery is: -

Mr Adam Wilkins of LA Landscaping.

For Office Use: -

Date rec'd _____ Fee _____ Date Receipt Sent _____

Burial Register No. _____ Grant No _____

Grave Register No _____ Date Part C Returned to Registrar _____