**STRETTON PARISH COUNCIL – NOTICE OF INTERMENT**

**This form together with the certificate obtained from the registrar and the appropriate fee should be delivered to the Parish Clerk by email** [**stretton-parishcouncil@outlook.com**](mailto:stretton-parishcouncil@outlook.com) **at least two working days prior to the day of the funeral.**

1. **Particulars of Deceased**

Full Name................................................................................................................................................................................

If a child name of Parent or Guardian.....................................................................................................................................

Occupation............................................................................................... Age....................... Sex ........................................

Address....................................................................................................................................................................................

Place where death occurred...................................................................................................................................................

Date of Death..........................................................................................................................................................................

1. **Particulars of Interment**

Day............................... Date............................................Time.......................... Coffin Size...................................................

1. **Name of Undertaker** ..............................................................................................................................................................

Address ...................................................................................................................................................................................

1. **Name of Minister** ...................................................................................................................................................................
2. **Unpurchased Grave** A purchased grave is not required for this interment and I am aware that other persons may be interred in the grave and that a memorial cannot be erected.

**Signature of person responsible for funeral** .........................................................................................................................

Date ............................. Address ...................................................................................................................................

1. **Purchase Grave – New**

Full name of purchaser ...........................................................................................................................................................

Address ...................................................................................................................................................................................

Relationship to deceased ....................................................................................... No of interments ...................................

1. **Purchased Grave – Re-open**

Grave No ...................... Grant No ..................................... Interments to date ............ Name ..............................................

Date of last burial ...............................

I consent to the interment of the deceased in the above grave

Owners signature (or next of kin if deceased is grave owner) ...............................................................................................

Relationship to deceased .......................................................................................................................................................

Address ...................................................................................................................................................................................

The grant of exclusive right of burial should be produced with this notice. If grant is mislaid the attached indemnity must be completed.

**Office use only :** Date rec’d ................... Fee ..................... Rec’t No .............................. Date............................. Reg Bur........................

Reg grave/P G......................... Grant No............................ Date ......................... Part C ................. Registrar ............................................

**STRETTON PARISH COUNCIL – FORM OF INDEMNITY**

To be completed by the registered owner or the person responsible for arranging the interment.

Grave Number ....................................... Cemetery ...................................................................................................

I, .................................................................................. being the Registered Owner or Executor of the Registered Owner /

Next of kin to the Registered Owner (delete as appropriate), of

................................................................................................................................................................................ (full address)

hereby declare that the Deed of Grant for the above numbered grave has been misplaced or lost and cannot be produced as requested.

I hereby request that Stretton Parish Council permit the interment of ..........................................................................................

In consideration of such permission granted I hereby undertake to hold and keep the Council, their Officers and Agents harmless and indemnified against actions, proceedings, claims and demands, costs, damages, and expenses which may be brought against it and or them of which it and or they may pay, sustain or incur by reason of having granted the said permission.

Signed ....................................................................................................................... Date ..........................................................

Witness to the signing thereof

Signed ....................................................................................................................... Date ..........................................................

Address ............................................................................................................................................................................................