**Stretton Cemetery Services Form**

|  |  |
| --- | --- |
| NAME |  |
| Invoice No |  |
| ERB No |  |
| Burial ref |  |

**This form covers several Cemetery services including: the reservation of a plot in the Cemetery (Exclusive Right of Burial); interment in the Cemetery including re-opening of a plot in the Cemetery; the reservation of a plot (for Ashes) in the Cemetery; interment of Ashes and scattering of Ashes.** There are separate forms available on our website to apply for a memorial stone or headstone in the Cemetery, or to apply for a memorial bench to be placed at the Cemetery

This form should be sent either by email to the Parish Clerk, by [post](https://www.strettonpc.com/contact.html) or by email stretton-parishcouncil@outlook.com

**At least three working days notice is required to arrange an interment (burial) in the Cemetery.** No funerals are held on Sundays or Bank Holidays.

If you have a query about filling in this form please contact the Parish Clerk.

# PLEASE COMPLETE ALL RELEVANT SECTIONS CLEARLY IN CAPITAL LETTERS.

**SECTION 1 – SERVICE REQUESTED**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Tick all that apply:** |  | **Plot number if****known** |
| **1** | **Purchase of Exclusive Right of Burial in plot in Cemetery\*** |  |  |
| **2** | **Interment into Cemetery plot\* –****full burial (coffin or casket)** | **First interment; OR** |  |  |
| **Re-opening of grave** |  |  |
| **3** | **Interment of ashes into Cemetery plot\*** |  |  |
| **4** | **Purchase of Ashes plot\*\*** |  |  |
| **5** | **Interment of ashes into Ashes plot \*\*** |  |  |
| **6** | **Ashes scattering at Cemetery**  |  | **N/A** |

**\*DEPTH OF GRAVE PLOT:** On first interments, some new graves can be dug at a depth to allow up to two coffin/casket interments and up to 6 sets of ashes. However, if ashes are interred in a grave plot, further coffin/casket interments cannot then take place at a later date (unless the ashes are interred at full depth).

\*\***DEPTH OF ASHES PLOTS IN GoR**: All new plots can be dug to a depth to allow for up to two sets of ashes to be interred.

# SECTION 2 – PERSONAL DETAILS

1. **Please provide us with the details of the deceased, where applicable:**

|  |  |
| --- | --- |
| **Full name of deceased** |  |
| **Occupation** |  |
| **Age** **at time of death** |  |
| **If age under 18, names of****both parents if known:** | **Mother** | **Father** |
| **Date of death** |  |
| **Place of death** |  |
| **Last permanent address** (if a care home, please also provide the last permanent residence of the deceasedprior to being taken into care). |  |

1. **Details of applicant: please provide us with your details/details of next-of-kin (note to funeral directors: please fill in with the relevant family member’s details). *NB: If plot is being purchased, the person named below will be the person named on the deed.***

|  |  |
| --- | --- |
| **Full name** |  |
| **Relationship to deceased****(where applicable)** |  |
| **Contact telephone number** |  |
| **Contact email address** |  |
| **Address** |  |

1. **Funeral Director details: If you are a funeral director filling in this form on a family’s behalf**

**please provide the following details:**

|  |  |
| --- | --- |
| **Name** |  |
| **Company** |  |
| **Contact telephone number** |  |
| **Contact email address** |  |

# SECTION 3 – DETAILS OF INTERMENT/CEREMONY (WHERE APPLICABLE)

|  |  |  |
| --- | --- | --- |
| **Interment/ceremony type (tick):** | **Coffin/Casket grave plot\*** |  |
| **Ashes grave plot\*** |  |
| **Scattering of ashes\*\*** |  |
| **\*GRAVE PLOTS ONLY: Where a plot has been previously purchased, please provide a copy of the****Exclusive Right of Burial certificate if available** |
| **\*GRAVE PLOTS ONLY****If re-opening a grave:** | **Name of occupant/s previously buried:** | **Date of previous interment:** |
| **Memorial to be removed:** *(delete as applicable)* Yes/No**Date to be removed: Name of stonemason:** |
| **\*GRAVE PLOTS ONLY:****Coffin or casket size** (sizes to be outside lid measurements withallowances for handles) | Length | Width |
| **Date of****interment/ceremony** |  |
| **Time of****interment/ceremony** |  |
| **Time of arrival at****Cemetery** |  |
| **Service: Name of****officiating minister:** |  |
| **\*\*SCATTERING ASHES:** | Please state where ashes to be scattered |

**Any other information: Please provide us with any other details you feel are needed:**

**SECTION 4 – DECLARATION**

I hereby certify that the above details are correct, and I have read the Stretton Parish Council’s Cemetery Rules and Regulations.

|  |  |
| --- | --- |
| **Signature of applicant** |  |
| **Full name of applicant** |  |
| **Date** |  |