

# APPLICATION FOR BURIAL IN A NEW GRAVE

Burial in a new grave in	Cemetery					
Day of week, date and time of burial	Time:					
Title and full name of deceased	Mr/Mrs/Ms/Miss/Other _____ _____ (Full burial/Cremated remains) *please delete as necessary					
Deceased's address (proof of residency of the LBRUT must be provided if applying for reduced fees)	Postcode:					
Occupation						
Marital Status (please tick box)	<input type="checkbox"/> unknown	<input type="checkbox"/> married	<input type="checkbox"/> single	<input type="checkbox"/> widowed	<input type="checkbox"/> divorced	<input type="checkbox"/> civil partner
Maiden name (if applicable)						
Age, sex and date of death	Age:	Sex:	Date of death:			
Service details (please tick box)	<input type="checkbox"/> Chapel	<input type="checkbox"/> Direct to Grave	<input type="checkbox"/> Graveside Service			
Religion of deceased						
Name of Person/Minister taking the service						
Type of grave required (please tick box)	<input type="checkbox"/> Lawn	<input type="checkbox"/> Traditional	<input type="checkbox"/> Natural Burial Area			
	<input type="checkbox"/> Children's Section	<input type="checkbox"/> Unpurchased				
Cremated Remains	<input type="checkbox"/> Family Section	<input type="checkbox"/> Granite Wedge				
	<input type="checkbox"/> Westmoreland	<input type="checkbox"/> Columbarium				
Does the applicant want to be shown the type of graves available?	<input type="checkbox"/> Yes	Please phone to make an appointment				
	<input type="checkbox"/> No					
Total number of burials the grave is for	full burials		cremated remains			
Exact outside measurement of:	Coffin/Casket/Urn/other _____ length/width/height _____					
Name & address of Funeral Director or person arranging this funeral						
	Tel no:		Fax:			
	Email:					

**ONE OF THE DECLARATIONS ON THE REVERSE OF THIS FORM MUST BE COMPLETED**

**FOR OFFICE USE ONLY**

Purchase	£	Invoice	Depth Req.	Map/registers	Proof of Res.
Burial	£				
Chapel	£	Cheque	Digging Slip	Marker Request	Folder Sent
Casket/Urn	£				
Other	£	Receipt	Grave Ref	Deed Number	Checked
<b>Total</b>	£				



## 1 APPLICATION FOR BURIAL IN A NEW PURCHASED GRAVE

I (Mr/Mrs/Ms/Miss) \_\_\_\_\_ Name in Full

of (Full Postal Address) \_\_\_\_\_

Postcode \_\_\_\_\_ Email \_\_\_\_\_

Home No. \_\_\_\_\_ Mobile No. \_\_\_\_\_ Work No. \_\_\_\_\_

wish to purchase the Exclusive Right of Burial in a grave space for a term of 50 years. I **hereby** authorise the interment within the said grave of the deceased (or the cremated remains of the deceased) named overleaf.

Relationship to the deceased \_\_\_\_\_ (e.g., husband, wife, mother, father, etc.)

Are you an executor or the nearest surviving relative of the deceased? \_\_\_\_\_

If not, state the reason this application is made by you? \_\_\_\_\_

I acknowledge, that no form of memorial, other than that prescribed under the Council's Regulations, (i.e. Lawn section - headstone only, traditional section - kerbs and headstone), will be allowed to be placed on the purchased grave, for which a permit must be obtained.

A Deed of Grant of Exclusive Right of burial will be issued to the purchaser. As registered owner you have the automatic right to be buried in the grave subject to the capacity of the grave not being exceeded. The registered owner may request that the Deed specifies the person/s whose burial/s they permit in the grave (subject to the capacity of the grave not being exceeded) at any time during the fifty year period to which the Deed will apply. If the purchaser wishes a member of their family / partner / friend to be buried in the grave in the future, as described above, please use the space below.

Name(s) \_\_\_\_\_ Date of birth \_\_\_\_\_

Name(s) \_\_\_\_\_ Date of birth \_\_\_\_\_

Please note that unless a written request is received from the Registered Owner and the Deed is amended by the Cemeteries Manager, those persons listed on the Deed will have the automatic right to be buried in the grave (subject to the grave not being full). It is therefore important that the Registered Owner applies to the Cemeteries Manager for the Deed to be amended should he/she wish to add to or remove any of the names listed in the Deed.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

## 2 APPLICATION FOR BURIAL IN AN UNPURCHASED GRAVE

I (Mr/Mrs/Ms/Miss) Name in Full \_\_\_\_\_

of \_\_\_\_\_

Postcode \_\_\_\_\_ Tel No. \_\_\_\_\_

**HEREBY** give instructions for the interment of the deceased (or the cremated remains of the deceased) named overleaf in an unpurchased grave, in which bodies of (unrelated) persons are, may, or will be interred. I clearly understand that I hereby acquire no private rights relating to this type of grave, nor do I have the right to place a memorial.

Relationship to the deceased \_\_\_\_\_ (e.g., Husband, wife, mother, father, Executor etc.)

If not, state

a) your relationship to the deceased, \_\_\_\_\_

b) the reason why this application is made by you? \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_