



Notice of Interment

This Notice of Interment is confirmation of the telephone booking and is to be delivered to the Cemeteries Officer at the address above, two working days prior to any interment. If the Interment is to take place in a vault or brick grave, three working days' notice is required (exclusive of Saturday, Sunday and Bank Holidays). It is particularly requested that the form is completed carefully and accurately.

PLEASE USE CAPITAL LETTERS

Cemetery:	Date of Burial:	Time:
Grave Number:	Section:	Exact External Coffin Size:
Full Name of Deceased:		
Date Of Death:	Age:	Male / Female
Address of Deceased:		
Postcode:		
Address Where Death Occurred:		
Postcode:		
Chapel Required: Yes / No		
Officiant Name:		
Number of Interments Required in Grave:		
Name & Address of Applicant/Grave Rights Owner:		
Postcode:	Landline Contact Number:	
Email Address:	Mobile Contact Number:	
Signature of Applicant\Grave Owner:		
Name and Address of Funeral Director:		
Postcode:		
Funeral Director (Company):		
Arranger/Contact Name:		
Tel No:	Fax No:	
Email Address:		

TO BE READ & COMPLETED BY THE APPLICANT

In the interest of safety, it is Council policy that no item of whatever description is allowed to be placed upon the actual grave space in the lawn and cremated remains area. These items include fencing, kerbing, bedding plants, vases, windmills, gravel, any item made from glass and any alcohol.

Any items found to be left on a grave will be removed and disposed of immediately. The Council reserves the right at any time to remove any unauthorised item placed upon the grave space.

I hereby certify that the above particulars are correct and that I have been made aware of the Erewash/Broxtowe Borough Council's Cemetery 'Rules and Regulations' that apply to this cemetery (and how to obtain them) and, having read them or not, I accept that I am legally bound by them and will uphold (and abide by) them.

Signature of Applicant:

Date:

Full name of applicant:

Address:

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Postcode: Landline Contact Number:

Mobile Contact Number:.....

In the event the body is buried without a coffin, please complete the following: -

The body of the deceased named overleaf has been interred without a coffin and, therefore, had no external form of identification.

I confirm that: - **(DELETE AS APPLICABLE)**

1/ The deceased was known to me personally and my involvement with this interment enabled me to confirm that there was no doubt that the body interred was that of the person named overleaf.

2/ Having no personal knowledge of the deceased, the identity of the deceased was confirmed to me by: _____ (Print Name)

Relationship to the Deceased: _____

and I was satisfied that there was no doubt as to the identity of the deceased.

Signed: _____ Authorised Community Representative

Print Name: _____ Date: _____