

Great Ayton Parish Council

NOTICE OF INTERMENT FORM

Full name of Deceased: Age:

Home address:

..... Post Code:

Where death occurred:

..... Post Code:

Date and time of interment:

Officiating minister:

Type of grave (New single or cremated remains):

Size of coffin / ashes casket: Length: Width: Foot Width:

Type/Material of Coffin / Ashes Casket

Name of funeral director company

Name of Funeral Director arranging funeral

Where Right of Burial is now being purchased:

Name of Purchaser:

Address of Purchaser:

..... Post code:

Relationship of purchaser to the deceased: Phone no:

Purchaser Email Address

Signature of person completing form: Dated:

Name in Full: (Please print name)

Reservation Required YES/NO (if Yes please complete section 2 on the reverse of this form):

I agree to abide by the Rules and Regulations of Great Ayton Parish Council. I also agree that the details on this form are correct.

Signed: (Next of Kin/Executor) Dated:

Name in Full:

Please ensure that this form is completed accurately and clearly and returned 48 hours prior to the proposed burial to;

Lee Marley, Great Ayton Parish Council, Parish Council Office, High Green, Great Ayton, TS9 6BJ

Email: clerk@great-ayton.org.uk

FOR OFFICE USE ONLY

BURIAL APPROVED		RECEIPT NUMBER:	
GRAVE NUMBER ASSIGNED		GRAVE DEEDS COMPLETED	
RESERVATION REQUIRED AND ADMINISTERED		GRAVE DEEDS SENT TO APPLICANT	
GRAVE MARKED		RESERVATION DEEDS SENT TO PURCHASER	
HEADSTONE APPROVED		FORM RECEIVED/BY:	
FEE	£	TOTAL FEE	£

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NOTICE OF INTERMENT FORM

AUTHORITY TO THE OPENING OF A RESERVED GRAVE

I being the Next of Kin/Executor of the registered owner of the exclusive right of burial in grave number in Cemetery, do hereby consent to the opening of that grave for the interment of

Signed: Name in Full:

Dated: Phone No:

Relationship to deceased: Email Address:

Witness: Name in Full:

Dated:

GRAVE RESERVATION

(This section MUST be completed if a Grave Space is being reserved for a future interment next to purchased grave)

Additional grave reservation purchaser:

Name: **Address:**

Full Name of person to be interned :

Home address:

..... **Post Code:**

Email Address

Grave Number: