

NOTICE OF INTERMENT

This form must be completed and emailed/delivered to Durrington Town Council Office at least 3 working days prior to any interment together with the appropriate fee and certificate of disposal.

TIME, DAY, AND DATE OF INTERMENT	am/pm	day, the	/	/20	
DURRINGTON CEMETERY, NETHERAVON ROAD, DURRINGTON					
ASHES / BURIAL (PLEASE INDICATE)					
DECEASED					
SURNAME	FIRST NAMES				
ADDRESS	TITLE: MR/MRS/MI	ISS/MS/DR			
	DATE OF DEATH		AGE		
POSTCODE	MARITAL STATUS				
PLACE OF DEATH	OCCUPATION				
APPLICANT					
SURNAME	FIRST NAMES				
ADDRESS	TITLE				
POSTCODE	PHONE				
SIGNATURE	EMAIL				
RELATIONSHIP TO THE DECEASED					
NEW GRAVE – IF A NEW GRAVE IS REQUIRED, PLEASE INDICATE SIZE BELOW					
DEPTH DOUBLE/SINGLE					
WIDTH DOUBLE/SINGLE					
REOPENING OF PURCHASED/RESERVED GRAVE					
GRAVE NUMBER Only the registered ewner of the exclusive rights of burial can sign and authorise the re-enening of					

Only the registered owner of the exclusive rights of burial can sign and authorise the re-opening of the grave for the purpose of burial of the deceased person named overleaf. When the owner of the exclusive right dies, they have the automatic right to be buried in the grave, provided sufficient space is available. However, if the owner is deceased, the ownership of the exclusive right of burial must be transferred before any further burial takes place. Please contact Durrington Town Council Office.

CONSENT OF THE REGISTERED OWNER – REOPENED/RESERVED GRAVE			
FULL NAME			
DEED OF GRANT PRODUCED	F GRANT PRODUCED YES/NO (IF NOT PRODUCED PLEASE CONTACT THE OFFICE)		
ADDRESS			
POSTCODE			
PHONE AND EMAIL			
DATE			
SIGNATURE			
FUNERAL DIRECTOR			
NAME			
ADDRESS			
POSTCODE			
EMAIL AND PHONE			
DATE			
SIGNATURE			
OFFICE USE ONLY			
GRAVE PURCHASE: £	PLOT NUMBER		
INTERMENT: £	FOLIO NUMBER		
TOTAL: £			