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**NOTICE OF INTERMENT**

**This notice, fully completed and accompanied by the appropriate remittance, the certificate for burial / certificate of cremation and any other requested papers, is to be delivered (exclusive of Sunday) at least 72 hours before the Interment. The Parish Cemetery Regulations must be complied with in full.**

**1. PARTICULARS OF BURIAL**

- a) Time, day and date of burial .....am/pm .....day .....year.....
- b) Name and denomination of officiating Minister .....

**2. PARTICULARS OF DECEASED**

- a) Surname ..... Christian Name(s) .....
- b) Age ..... Address .....
- c) Description (ie Rank or profession, if minor or stillborn, name of parents.....)
- d) Date of death ..... Place of death .....
- e) Where cremation took place (if applicable) .....

**3. PARTICULARS OF GRAVE (delete where applicable)**

- a) Kind of grave Purchased / not purchased
- b) Grave No. ....
- c) Ashes only – Location of ashes in plot .....
- d) Dimensions of coffin/ casket/ ashes container.....
- e) Depth of grave to be dug ..... *NB there must be a minimum of 3 foot of earth above the coffin to the level surrounding ground for coffins and a minimum of 2.5 feet for ashes containers. Shoring must be used.*
- f) If re-opening state section Grave No. ....
- g) If grave is to be purchased, state name and address of purchaser .....
- h) If grave is to be re-opened the consent must be signed here by the person holding the Grant conferring Exclusive Right of Burial ..... Full name and Address .....
- i) If the exclusive rights holder is the deceased then the name and address of the Executor must be provided here. Where there is no Last Will and Testament the name and address of the Administrator/Next of Kin must be provided so that the exclusive rights can be transferred .....

**4. SIGNATURE OF APPLICANT (Funeral Director) .....**

Address .....

Telephone No. ....

I have read and understood and will comply with the Council's Cemetery Regulations and that I have passed any required instructions to any third parties (eg. gravediggers).

I have paid £..... by BACS to cover the fees

Signed..... (Funeral Director)Date .....

**HEMINGFORD GREY PARISH COUNCIL**

CLERK: MRS GAIL STOEHR  
30 WEST DRIVE  
HIGHFIELDS CALDECOTE  
CAMBRIDGE  
CB23 7NY  
TEL 01954 210241

E-mail: [parish.clerk@hemingfordgreyparishcouncil.gov.uk](mailto:parish.clerk@hemingfordgreyparishcouncil.gov.uk)

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A copy of the Certificate for Burial (green form) or Certificate of Cremation must accompany this form. The Original is to be posted to the address above.

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**Application for the interment of  
by Hemingford Grey Parish Council**

**approved / refused**

..... (Clerk) Date.....