

THORNTON LE DALE PARISH COUNCIL CEMETERY

NOTICE OF INTERMENT

To be completed by the Funeral Director & emailed to the Clerk parish.clerk@thorntonledale-pc.gov.uk

Full name of the deceased			
Full postal address of the deceased			
Age		Date of death	
Place where death occurred			
Was the deceased a parishioner or non-parishioner			
Date & Time of Burial			
Time of arrival of funeral cortege at cemetery			
Minister officiating at the funeral			
Service at			
If burial is in an old grave space (pre-purchased Exclusive Rights) please state: a) Area & Grave number b) Name and address of current owner of Exclusive Right of burial <u>Please provide a copy of the Exclusive Rights Certificate</u>			
If burial is required in a new grave plot, please state: a) Proposed depth (single, double or cremated remains) b) Number of interments to be provided for c) Exclusive Right of Burial is to be purchased, purchasers name, address and telephone number:			

New Grave Number to be allocated by Parish Clerk once full details received:	
Coffin size: Length, Width, Depth	L: W: D:
Name & address, email of Funeral Director responsible for burial fees	
Name & Address, email & telephone of Grave Diggers to be used:	
Name, Address & Signature of family member authorising this Interment Form	Signature..... Date.....

The Funeral Director must visit the cemetery at least 48 hours ahead of the burial to meet the Clerk or Councillor. This is to identify the grave plot for marking up and finalise details. Please email the Clerk to agree a date.

Full fees must be paid in advance of the burial, and the Green Slip / Certificate of Burial or Cremation MUST be provided to the Parish Clerk before any interment can take place.

Please refer to the council website for the latest version of this form. Fees for the Interment, and Rules for the cemetery can also be found on the same link below:

<https://thorntonleedale-pc.gov.uk/tled-parish-council/council-publications/#1673529505274-6f1baf4b-0c2c>

Thornton Dale Parish Council only

Receipt/voucher
number:

Fee(s) paid:

Date:

Signed:

