



Interment Notice of Burial

Interments must be requested 2 weeks prior to the interment date.

Confirmation of the booking will then be issued by the Town Hall Bereavement Services, until such time the request is not officially confirmed.

This form must be delivered to the Stamford Town Hall Bereavement Services with either, the Green Form 9 issued by the Registrar of Deaths, or Coroner's Burial Order, at least three full days before the burial excluding weekends and Bank holidays. A copy is also to be emailed to <u>bereavement.services@stamfordtowncouncil.gov.uk</u>

Details of Burial

Burial arranged for: Day	Date		Year	Time
Type of Service: Direct to Grave □	Chape	el 🗆	Horse Drawn	
Mourners to backfill grave (please refer to 'Rules & Regulations')	÷	attendance expension attendance of the state	cted 🗆	Music at Grave side \Box
Minister or officiating Person				
Place of Service				
Time of Service	Lengt	h of Service		
Details of Deceased				
Deceased Details: TitleFull N	ame			
Permanent address prior to Death				
			Postcode	
Previous address if known*				
*Stamford Town Council uses the decea correspond, further confirmation may be purchased.	used's address d	as part of the che	cking process. If	
Is the deceased the grave owner?	Yes 🗆	No 🗆	Age	
Religion of deceased		Profession		
Date of Death				
Legal Status: Single	Married	Divorced □	Civil Partnered	
Civil partnership dissolved □ Widow	/Widower 🛛	Surviving Civi	il Partner	







Details of grave/burial

Grave: Purchased new \Box Pre-	e-purchased \Box G	rant Number	
Stamford Town Council will use the discrepancies occur, further checks the previous burial detailed on this t checks have been satisfactorily com	will be made. It is impo form, are correct. This i	rtant that the details of the grassing of the	ave owner, and if applicable,
Grave Section	Row (if applicable)	Number	
Depth of Grave: Re-open	Single (depth for o	one) D D D D D D D D D D D D D D D D D D D	for two) \Box
Details of Coffin/Casket: Tradition	onal Coffin(tapered)	Straight edged coffin \Box	Casket (domed lid) □
Wicker/Willow Cardboard	Other <i>please state</i>		
Size of coffin/ casket Length	Widtl	n Depth	
8	hes) (Inche		
The Funeral Director must provid Coffins/caskets that exceed 27" wid			
Details of last burial (only Full name of last person buried in Date of this burial:	this grave:		
Memorial Is there a memorial to be moved?	Yes 🗆 No 🗆 D	on't Know 🛛	
Details of Funeral Director	r		
Name and address of Funeral Direc		-	
Funeral Arrangers Name			
I have confirmed that all applicable understood by our client.	Cemetery fees, includin	ng resident/non-resident fees l	have been fully explained and
Signature		Date	

Owner(s) / applicant's details

- □ Application for Burial: Where the deceased is the only grave owner, only a signature of the applicant for the burial is required.
- □ Authorisation to open and request burial in a grave: Where the deceased is not the owner, ALL living owners must sign this form, to authorise the opening and burial in this grave.
- $\hfill\square$ Application for burial in a public/unpurchased grave.







Authority to open/ re-open a previously Purchased grave for a burial.

(For additional owners please complete Appendix A)

I, the undersigned being the Registered Owner, hereby consent to grave number______ at Stamford Cemetery being opened for the purpose of interring the late:

Deceased Name: Title _____Full Name___

I hereby hold Stamford Town Council and all its officers and servants harmless and indemnified against all actions, claims and demands which arise out of the above interment. I hereby declare that as the registered owner to be legally bound by the Rules and Regulations and any further amendments as result of legislative changes. I have been made aware to the Council's Privacy Notice for Bereavement Services.

Title H	Full Name		
Address			
		Postcode	
Email			
Telephone Numb	er	Relationship to deceased	
Signature		Date	

If possible, please attach the Exclusive Right of Burial Deed.

To be completed if the funeral is requested by a person for the interment of the Registered Owner

I hereby give my consent to the interment, in the aforementioned grave of the late:

Deceased Name: Title _____Full Name____

I hereby hold Stamford Town Council and all its officers and servants harmless and indemnified against all actions, claims and demands which arise out of the above interment.

Title	Full Name	
Address		
Email		
Telephone Nun	nberR	elationship to deceased
Signature		Date

If possible, please attach the Exclusive Right of Burial Deed.







To be completed in respect of Communal Graves

I, the undersigned, herby consent to the internment of the late:

Deceased Name: Title _____ Full Name__

In an unpurchased grave, and I understand that no further right of burial or other rights in the grave will be granted to me by virtue of the interment. I also understand that the interment may be in a grave where other burials have or may take place.

I hereby hold Stamford Town Council and all its officers and servants harmless and indemnified against all actions, claims and demands which arise out of the above interment.

Title Full Name	
Address	
	Postcode
Email	
Telephone Number	Relationship to deceased
Signature	Date

Any additional information

Please remember to attach the Green Form or Coroner's Burial Order. If possible, please attach the Exclusive Right of Burial Deed

Approved: STC 28th February 2023



