



Stamford Town Council

Town Hall, St. Mary's Hill, Stamford, Lincolnshire PE9 2DR

STAMFORD CEMETERY

INTERMENT APPLICATION from 1st April 2019

Form B

DECEASED

Forenames: [] Surname: [] Address: [] Profession: [] Age: [] Date of Death: [] Place of Death: []

BURIAL

Date of Burial: [] Time of Burial: [] Place of Service: [] Time of Service: [] Use of Cemetery Chapel [] Time Chapel required from: [] NOTE: All music/organise etc to be provided by Undertaker Denomination: [] Name of person officiating: [] Special Requests - Straps required/ dressing of grave etc: [] Is interment to be in Catholic Section YES / NO Is interment to be in lawn section (X&Y) YES / NO NOTE: Planting in this section s 1ft x5ft in front of landings Plot No: [] Grant Number: [] Plot Status: [X] New Grave (Please complete form L): [] Re-open Grave: [] Purchased adjoining grave: [] Pre-purchased Grave: [] Unpurchased Grave: [] Children's Grave: [] Plot Depth: [X] Single Depth: [] Double Depth: [] Burial Type: [X] Full Burial: [] Ashes Casket: [] EXACT size of coffin/ Casket: [] NOTE: Burial Authority will add clearance allowance to these dimensions. NOTE: The mass release of balloons or any sky lanterns is not permitted. New Grave: [X] [] I would like the burial to take place in a new grave; OR (A Deed of Grant of Exclusive Right of Burial will be issued) Re-open Grave: [X] [] I would like the burial to take place in the existing burial plot (as above); AND [] I am the registered owner of the grave; OR [] Deceased is the registered owner of the grave; OR [] Deceased is the spouse of the registered owner buried in the grave; OR [] Other (PLEASE EXPLAIN) [] Name of person buried there []



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APPLICANT DECLARATION (NOT FUNERAL DIRECTOR)

I/We hereby consent to the interment of the late:

[] in grave []

of which I/We am/ are the Registered Owner of the Exclusive Right of Burial []

of which the deceased is the registered owner of the grave []

Full name and address of applicant for this interment

Name: [] Tel: []

Address: [] Email: []

Relationship to Deceased: []

Signature []

Signature []

By Signing this you are agreeing to abide by the Cemetery regulations and grant permission for your data to be held and used as per Stamford Town Council's Data Protection Policy and Statement Below.

FUNERAL DIRECTOR

Name: [] Tel: []

Address: [] Email: []

Burial Certificate attached [x]

Cremated Remains Cert. attached []

Registrars Certificate (Green) []

Coroners Order (White) []

Absence Declaration (Form G) []

Stillborn Certificate (White) []

Data Protection

Stamford Town Council will use the information provided on this form for Burial administration purposes only. With your permission we will share your information with your appointed memorial mason. You have the right to request to see the information we hold about you and to have any inaccuracies corrected.

FOR OFFICE USE ONLY

Interment Number _____ Plan Marked _____

Grave Section Number _____ Grant of Number _____

Financial Year _____ Receipt/Invoice No _____

Certificate received: Yes / No

Memorial: Yes / No

Fees Due to STC

£ p
Grave Purchase _____
Interment _____
Chapel _____
Other _____
Total _____