Stamford Cemetery

**Interment Notice of Burial of Ashes**

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, the ‘Certificate of Cremation’ issued by the Crematorium, at least three full days before the burial excluding weekends and Bank holidays. A copy is also to be emailed to [bereavement.services@stamfordtowncouncil.gov.uk](mailto:bereavement.services@stamfordtowncouncil.gov.uk)

Details of Ashes Burial

Burial of Ashes arranged for: DayDateYearTime

Arrangement for the day: Meet at grave/ashes plot  Meet at main Car park

*Please note ashes will be required to brought on the day to the Cemetery.*

Please tick if you wish for the Bereavement Services Officer to perform a service for you

Minister or officiating Person

Details of Deceased

Deceased Details: TitleFull Name

Permanent address prior to Death Postcode

Previous address if known\* Postcode *\*Stamford Town Council uses the deceased’s address as part of the checking process. If these details do not correspond, further confirmation may be required. The address held may be from when the grave / ashes plot was originally purchased.*

Is the deceased the grave owner? Yes  No  Age

Religion of deceasedProfession

Date of Death

Legal Status: Single  Married  Divorced  Civil Partnered

Civil partnership dissolved  Widow/Widower  Surviving Civil Partner

Details of Cremation

Cremation took place at

Date of Cremation

Details of grave/burial

Grave / ashes plot: Purchased new  Pre-purchased  Re-open  Grant Number

Stamford Town Council will use the grave number to check that the details on this form match the records held. If any discrepancies occur, further checks will be made. It is important that the details of the grave owner, and if applicable, the previous burial detailed on this form, are correct. This is important if more than one plot is held. Only when these checks have been satisfactorily completed, can the grave be prepared.

Grave / ashes plot: Section Row *(if applicable)*Number

Details of Container

**Size of container** LengthWidth Depth

Shape of container Wooden Casket  Urn  Bio Box  Tube

Other *(please state)*

**Details of last burial (only applicable to a re-open)**

Full name of last person buried in this grave:

Date of this burial:

Was this a full burial or ashes burial? Full Burial  Ashes Burial

**Memorial**

Is there a memorial to be moved? Yes  No  Don’t Know

Owner(s) / applicant’s details

Application for burial of Ashes:

Where the deceased is the only grave / ashes plot owner, only a signature of the applicant for the burial is required.

Authorisation to open and request burial of ashes in a grave / ashes plot:

Where the deceased is not the owner, ALL living owners must sign this form, to authorise the opening and burial of ashes in this grave.

Application for burial in a public/unpurchased grave.

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

***(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 Full Name

Address

Postcode

Email

Telephone NumberRelationship 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

Postcode

Email

Telephone NumberRelationship 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 NumberRelationship to deceased

Signature Date

Details of Funeral Director (if applicable)

I can confirm that all the above has been discussed with the owner(s) / applicant and is correct.

Name and address of Funeral Director (This Section Must be Completed)

Funeral Arrangers Name

I have confirmed that all applicable Cemetery fees, including resident/non-resident fees have been fully explained and understood by our client.

Signature Date

Any additional information

**Please remember to attach the ‘Certificate of Cremation’.**

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

Approved: STC 28th February 2023