## **GREAT YELDHAM PARISH COUNCIL**

Parish Office, Reading Room, High Street Great Yeldham, Halstead, Essex CO9 4ER

Tel: 01787 237832 Email: greatyeldhampc@btinternet.com

Website: https://greatyeldhampc.co.uk



## **APPLICATION FOR INTERMENT**

This application should be completed in full and received, together with the proper fees and supporting documents where indicated, to the Parish Clerk at the above address at <u>least 5 working days</u> previous to any interment. The Council shall not be responsible for any error or fault arising from inaccurate or incomplete information. Any alternations MUST be received in writing/email.

1. INTERMENT DETA	<b>AILŠ</b>						
Day:	Date:				Time:		
Full name of deceased Mr / Ms / Miss / Mrs *	(block capi	tals)			Male $\Box$	Female $\Box$	
Address of deceased:							
Date of Birth	Place of De	ath:			Date of Death	Age	
Occupation			Religious	denominati	on		
Status: Unmarried / Married / Civil Partnership/ Widowed/ Divorced *							
If minor, give details Name:							
of parent or guardian Address:							
The Lawn Cemetery	Lawn Cemetery Garden of Ren				es Natural Burial (		
					pell Glade (Ashes)	<u> </u>	
		ngle: 🔲	New Double: $lacksquare$	Re-Ope	n: 🔲		
Cremated Remains: New: Sin		ingle $lacksquare$	New: Double	Re-Ope	n: 🗖		
Exact Dimensions of coffin/casket or ashes casket or urn							
2. FUNERAL DIRECTOR DETAILS / MINISTER							
Name and address of Funeral Director:							
rame and address of t	uncial blice	icor.					
Contact Tele No.			Email address:				
Name and address of Minister:							
If there is a request to purchase a new grave – go to section 3 below  If the grave has been already purchased and is either being used for the first time or is being re-opened for a further interment – go to Section 4 below  Complete Section 5 for the interment of an Exclusive Rights Of Burial Owner and Section 6 for transfer of Exclusive Rights Of Burial  3. NEW GRAVE I wish to purchase the Exclusive Right of Burial in a grave space, of which details appear in this form and request the Deeds of Grant be made to:  State Title, full Christian Name(s) and Surname (block capitals):							
,		(0.00	<b></b>				
Full Postal Address							
Contact Tele No.			Email Addr	ess:			
Declaration of purchaser:  I understand that the Grave for which I am purchasing the Exclusive Right of Burial is subject to certain conditions and that I do not have any rights or interest in the grave and cemetery land other than specific rights of burial and that no memorial shall be fixed without written permission from Gt Yeldham Parish Council.							
Signed:			Date :	Date :			

4. REQUEST TO (RE) OPEN PURCHASED GRAVE						
Deed/Grant Ref No.						
Deed/Grant Attached Yes  No  No						
Full Name of Person last interred:						
Declaration of Registered Owner this MUST be the specific person whose name appears on the Grave Deed/Grant. If this person cannot be found, the grave MUST be transferred to a person demonstrating legal entitlement. Persons in possession of the deeds, but not named on the deeds, may not necessarily be the Registered Owner. Where the Registered Owner cannot be found, an application will have to be made to the council for the Grave Deed to be reregistered before proceeding with any funeral. Contact Gt Yeldham Parish Council if there is any doubt). The Grant of Exclusive Right of Burial must be submitted with this authorisation. The deed will be returned to the owner on the day of interment. If you do not hold the original deed, the owner/applicant will be required to produce a sworn Affidavit (at a Solicitors or by a Commissioner of Oaths) as a substitute.						
I [Print Name] Am the registered owner and I consent to this grave being opened for the purpose of interring the named person in Section1.						
Full Address:						
Signed: Date:						
5. TO BE COMPLETED FOR AN OWNER'S BURIAL ONLY  Cremated Remains YES / NO *						
Document attached:						
Deed / Grant: The Grant of Exclusive Right of Burial must be submitted with this form.						
Affidavit: If you do not hold the original deed, the owner/applicant will be required to yes If applicable produce a sworn Affidavit (at a Solicitors or by a Commissioner of Oaths) as a substitute						
I, [Print Name] the undersigned am the Executor / Next of Kin / Person acting on behalf of deceased owner *						
Relationship to Deceased:						
Authorise Grave No to be opened for the named interment.						
Full Name Mr / Mrs / Miss/ Ms*:						
Full Address:						
Signed						
the Executor / Next of Kin / Person acting on behalf of deceased owner * Date:  6. TRANSFERRING OWNERSHIP. If the ownership is not transferred to a living family the Cemeteries Order 1977 will not allow any further burials or memorial applications for this grave.						
Do you wish to have the ownership of the grave transferred to you? YES / NO*						
If you do not wish to have the ownership, is there another family member who will take the ownership YES / NO *						
Declaration: I, [Print Name] am the proper person to be recorded as owner of such right in the register maintained by Great Yeldham Parish Council and if necessary to give authority to be re-opened for burial and I indemnify Great Yeldham Parish Council against any claim to ownership of the grave or of such Exclusive Right of Burial.  Full Name Mr / Mrs / Miss / Ms":						
Relationship to Deceased:						
Full Address:						
Signed new owner Date:						
now owner						

General Data Protection Regulation: Great Yeldham Parish Council will gather personal information for the purpose of carrying out interment/burial/memorial related work. We will ensure that the data you give us is processed in line with your rights under Data Protection legislation. When you use our service, you are consenting to us processing your personal data in order to send you information about our services. For further information about how your data is used and stored, please go to <a href="https://greatyeldhampc.co.uk/documents/gdpr-privacy-notice/">https://greatyeldhampc.co.uk/documents/gdpr-privacy-notice/</a>