

Groby Parish Council

Parish Council Office, Village Hall, Leicester Road, Groby, Leicestershire LE6 0DQ
Tel & Fax: 0116 287 6985 www.groby.com parishclerk@groby.com

Parish Clerk: Beverley Greenwood. MBA. BSc (Hons). AILCM.

NOTICE OF INTERMENT

BURIAL Reg No.

GRAVE NO.

This notice is to be delivered between the hours of 9.00 and 2.00 pm to the Parish Council at least two days (exclusive of weekends and bank holidays) previous to any interment

Full Name of the Deceased

Permanent address of deceased:.....

.....

Date of death..... Age at Death

Description (as to profession, trade etc)
of the person to be buried (if a minor,
name and residence of parents)

.....

Place of Death

Day, date and time of Funeral

Officiating Minister

If Grave re-open, state name of interred
Section and number of grave, and date
Of last interment Date.....Grave no.

If new Grave required, state for how many interments

State whether : Burial Ashes Scatter Please state whether coffin or casket

Maximum overall dimensions
of coffin/casket Length Width Depth.....

Funeral Director

Address:

.....

Post Code..... Tel No

Stonemason contacted: YES NO TYPE OF MEMORIAL ON GRAVE:.....

INTERMENT £	GRAVE SPACE PURCHASED £	INTERMENT (ASHES) £
OTHER FEES £	RECEIPT No	TOTAL £

APPLICATION TO PURCHASE EXCLUSIVE RIGHT OF BURIAL

I desire to purchase the exclusive right of burial in a grave in which the named deceased (overleaf) is to be interred, and the following is my full name and address: *(ONLY TWO NAMES MAXIMUM IF REQUIRED)*

Full Name.....
Address:.....
.....
Post Code.....
Tel No.....
Signed.....

Full Name.....
Address:.....
.....
Post Code.....
Tel No.....
Signed.....

APPLICATION FOR EXISTING GRAVE TO BE RE-OPENED

a) To be completed by the Grant holder

As the holder of the Exclusive Right of Burial I hereby give authority for Grave Number to be re-opened for the interment of the named deceased (overleaf), AND PRODUCE HERewith THE GRANT OF RIGHT OF BURIAL.

I declare that I am the person authorised to give this instruction, and I will indemnify Groby Parish Council against all claims, etc. which may be suffered in consequence.

Full Name(Block letters)

Address:

Post Code..... Tel No

Relationship to deceased

Signature of purchaser

b) To be completed if Grant is held by deceased and a completed Assent (transfer) form [3] is attached.

I hereby confirm that the Exclusive Right of Burial, in the name offor grave no. in Groby Village Cemetery, is to be transferred into my name and that I have read and completed the necessary transfer form(s), AND PRODUCE HERewith THE GRANT OF RIGHT OF BURIAL.

Full Name(Block letters)

Address:

Post Code..... Tel No

Relationship to deceased

Signature of declarant

IMPORTANT: if the deed cannot be located a Statutory Declaration and Indemnity form [2], witnessed by either a solicitor or Commissioner of Oaths, must ALSO be completed and attached.