

# ROSS-ON-WYE TOWN COUNCIL

## NOTICE OF INTERMENT AT ROSS-ON-WYE TOWN CEMETERY

**This notice is to be completed for all interments** and delivered to the Town Clerk's Office, Town Hall, Cantilupe Road, Ross-on-Wye, HR9 7AN between the hours of 9.30am and 1.00pm except on Saturdays, Sundays and all Bank Holidays with the appropriate fee at least three working days prior to the interment.

**PART 1 and either PART 2 or PART 3 must be completed in full before permission can be given for an interment.**

### PART 1 BURIAL DETAILS

**(to be completed by the Funeral Director)**

Name of Funeral Director \_\_\_\_\_ Telephone number \_\_\_\_\_

### PERSON TO BE INTERRED

Name (first and subsequent names and surname) \_\_\_\_\_

Address \_\_\_\_\_ Post Code \_\_\_\_\_

Age \_\_\_\_\_ Gender **Male / Female** Marital Status **Single / Married / Widowed**

Date of Death \_\_\_\_\_ Place where death occurred \_\_\_\_\_ Occupation \_\_\_\_\_

### BURIAL

Application for **Burial / Cremated remains**

Service Date \_\_\_\_\_ Time of service \_\_\_\_\_ Location of service \_\_\_\_\_

Minister \_\_\_\_\_ Estimated time of Burial \_\_\_\_\_

Size of Coffin/Casket (coffin external size) - **Length** \_\_\_\_\_ **Width** \_\_\_\_\_ **Depth** \_\_\_\_\_

New plot required **yes / no** If yes go to Part 3 overleaf, if no continue with Part 2

### PART 2 EXISTING GRAVE SPACE

**(to be completed by the Funeral Director)**

Grave Space Number CEM / \_\_\_ / \_\_\_ Deed number \_\_\_\_\_ Memorial stone to be removed **yes/no**

Name of owner of the Deed with Right of Burial \_\_\_\_\_

Address \_\_\_\_\_ Post Code \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_

Name(s) of next of kin if the owner is the deceased \_\_\_\_\_

Address \_\_\_\_\_ Post Code \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_

**PART 3 APPLICATION FOR A LEASE OF THE EXCLUSIVE RIGHTS OF A GRAVE SPACE**

**(to completed for a new grave space and signed by the applicant and funeral director)**

Type of plot required **Double depth coffin / Cremated remains plot**

**Section:**            **Section A general**                            **Section B lawned**                            **Section C cremated remains**

**NB            In Section B kerb stones are not permitted**

**All cremated remains must be buried in either Section C or an existing grave**

Name of Applicant    Title \_\_\_\_ Forenames \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_ Post Code \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_

If joint lessees, names of additional applicant(s)

Title \_\_\_\_ Forenames \_\_\_\_\_ Surname \_\_\_\_\_

**Declaration by the applicant(s):**

I/we hereby apply for the exclusive right of burial at the Ross-on-Wye Town Cemetery in Section \_\_\_\_\_.

I understand the memorial regulations in force and agreed to abide by these regulations.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Declaration by the Funeral Director:**

I confirm that I have provided the applicant with a copy of the memorial regulations and explained the difference between the sections in the cemetery.

Signed \_\_\_\_\_ Date \_\_\_\_\_

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*OFFICE USE ONLY Fee received:            Deed No.            CEM /            Interment No.            Date sent*