



# Notice of Interment

This notice must be delivered to the **Town Clerk's Office, Chudleigh Town Council, Market Way Chudleigh TQ13 0HL.**  
01626853140. Not later than TWO CLEAR WORKING DAYS BEFORE THE PRE-ARRANGED TIME FOR THE BURIAL.

## Deceased's Details

Full Name of Deceased:.....

Address: .....

.....

PostCode:.....

Occupation:.....

Place of Death.....

Age:..... Date of Death:.....

## Service Details

Day and date of service:

Time of service:

Name of Minister and Denomination:

Type of service:

Chapel

Direct to Grave

Relevant Disposal Certificate attached

## Grave Details

Purchased Grave

New Grave

Reopen

If new grave, type required:

Full size grave

Cremated Remains

Natural Burial

Grave Number:

Depth Required:

4ft

7ft

Natural Burial (3ft)

## New Graves

If the grave is to be purchased:

Full Name(s) of Purchaser(s):.....

Address: .....

..... Post Code: .....

**Note: The person(s) named above will be registered as the grave owner(s) with the deed being made in his/her/their name(s). No memorial may be arranged and no further interment may take place without the signed consent of the grave owner(s)**

**Payment Details:**

Payment can be made by **cash, cheque** made payable to Chudleigh Town Council or **bacs:**

Chudleigh Town Council  
Lloyds Bank  
Sort Code: 30-96-06  
Account: 00541754

**Previously Purchased Graves**

*(Not required for Burial of the Registered Owner)*

The Registered Owner of the Exclusive Right of Burial must give permission for the burial by signing below:

I consent to grave number .....being opened for the burial of the late

.....on.....

Name and date of last interment in the grave (if applicable) .....

Signed: ..... Date: .....

**N.B. Chudleigh Town Council can only authorise the opening of a purchased grave with the permission of the owner or to inter the owner. In all other cases ownership must be transferred to someone who can legally prove that they are entitled to receive these rights. Whilst the Council will offer all assistance in establishing a means of transfer, responsibility remains with the funeral arranger to have clarified this matter BEFORE BOOKING**

**Funeral Director**

Name:.....

Address: .....

.....

.....Post Code:.....

Telephone No:.....

Email Address:.....

**Grave Digger**

Name:.....

Telephone No:.....

Email Address:.....

Date & Time of Excavation:.....

Date of back fill:.....

**For Office Use Only**

		<b>FEES</b>	
<b>Register of grants/ purchased graves checked</b>		<b>Purchase</b>	
<b>Transfer of ownership (If Required)</b>		<b>Interment</b>	
<b>Grave Marked</b>			
<b>Deed prepared</b>		<b>Total</b>	
<b>Disposal Certificate</b>			
<b>Name Plate Checked</b>		<b>Payment Method</b>	Cash/ Cheque/ Bacs
<b>Plan Marked</b>			
<b>Register of Burials completed</b>			
<b>Ashes location in main grave</b>	TL, TR, BL, BR		

Signed:

Date: