



Notice of Interment

This notice must be delivered to the **Town Clerk's Office, Chudleigh Town Council, Market Way Chudleigh TQ13 0HL**. Email: clerk@chudleigh-tc.gov.uk
Tel: 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 numberbeing 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

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

Signed:

Date: