

NOTICE OF INTERMENT

In.....Cemetery

For interment on:- Day:		Date: / /	Time:
Name of Deceased:			Aged:
Permanent Address:			
Date & Place of Death	Died: / / , at		
<u>Details Of Interment</u>	Ward	Sec	Number
Number of Grave:	:	:	
	Size of Coffin		Length: Width:
Exclusive Right of Burial:	*Previously Purchased Not / Required	Minister:	Religion:

*Delete as applicable

Note: IF THE EXCLUSIVE RIGHT OF BURIAL HAS BEEN PREVIOUSLY PURCHASED THE GRAVE WILL NOT BE OPENED (except where the owner/s is being interred) UNLESS THE FORM OF AUTHORITY HAS BEEN COMPLETED AND STATUTORY DECLARATION

EXCLUSIVE RIGHT OF BURIAL REQUIRED		
Name of Purchaser:		
Address:		
Grave Required for:	No. of Interments:	*Not/Adjoining Main Paths

<u>FORM OF AUTHORITY TO OPEN A GRAVE</u>			
I, (full name), _____ of _____			
Being the owner of the Exclusive Right of Burial in the above mentioned grave space hereby authorise the opening of the grave for the *interment/strewing on the grave of the remains, after cremation, of the above named deceased.			
	Date: ____/____/____	Signature: _____	
	Witnessed by:- _____	Signature: _____	
Funeral Director:- Name _____	<u>FOR OFFICE USE ONLY</u> No.in Burial Register		
Address: _____	Grave Register Entered by		
Phone No: _____	Exclusive. Rights.Reg. _____		
Remittance enclosed: £ _____	<u>Fee Payable:-</u> Interment		£ P
Cheques payable to:- Copeland Borough Council	Exclusive Right of Burial		
	Receipt No. _____ Total		
	Issued By: _____		