

## **SANDIACRE PARISH COUNCIL CEMETERY**

### **NOTICE OF BURIAL / INTERMENT**

PLEASE COMPLETE **CAREFULLY** AND **ACCURATELY** - PLEASE USE BLOCK CAPITALS

|                                                                                                                                                                                                                                                                                                                                                                      |              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| <b>1. <u>NEW GRAVE or CREMATED REMAINS PLOT</u></b>                                                                                                                                                                                                                                                                                                                  |              |
| Purchaser Name: Mr/Mrs/Miss/Ms _____                                                                                                                                                                                                                                                                                                                                 |              |
| Address _____                                                                                                                                                                                                                                                                                                                                                        |              |
| Telephone number: _____                                                                                                                                                                                                                                                                                                                                              | Email: _____ |
| <b>2. <u>IF PREVIOUSLY PRE-PURCHASED</u></b>                                                                                                                                                                                                                                                                                                                         |              |
| Name of Owner in full: Mr/Mrs/Miss/Ms _____                                                                                                                                                                                                                                                                                                                          |              |
| Address _____                                                                                                                                                                                                                                                                                                                                                        |              |
| Is the Deceased the owner of the Grant of Exclusive Right of Burial                                                                                                                                                                                                                                                                                                  | Yes / No     |
| Deed seen: Yes / No                                                                                                                                                                                                                                                                                                                                                  |              |
| Telephone number: _____                                                                                                                                                                                                                                                                                                                                              | Email: _____ |
| <b>3. <u>OWNER PASSED / TRANSFER OF RIGHTS:</u></b><br>Following burial / interment of the grave owner, the grave must be legally transferred to a <b>new owner</b> .<br>The Clerk to the Parish Council can help with this process. However, it is necessary to know who the legal owner is likely to be. <b><i>Please complete the name and address below.</i></b> |              |
| Applicant's Name: Mr/Mrs/Miss/Ms _____                                                                                                                                                                                                                                                                                                                               |              |
| Address: _____                                                                                                                                                                                                                                                                                                                                                       |              |
| Tel: _____                                                                                                                                                                                                                                                                                                                                                           | Email: _____ |
| RELATIONSHIP TO DECEASED: _____                                                                                                                                                                                                                                                                                                                                      |              |

### **BURIAL / INTERMENT DETAILS**

|                                             |                |                                                                                                                                                                                                                                           |  |
|---------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| FULL NAME OF DECEASED<br><br>Mr/Mrs/Miss/Ms |                | GRAVE: Area 1 or 2      Row _____ Grave _____<br><br>CREMATED REMAINS PLOT. A _____<br><br>NAME OF ARRANGED GRAVE DIGGER:<br><br>Mobile number:<br><br><b><i>Grave digging is organised by the Funeral Director for this Cemetery</i></b> |  |
| DATE OF DEATH                               | AGE            | <input type="checkbox"/> MALE<br><input type="checkbox"/> FEMALE                                                                                                                                                                          |  |
| OCCUPATION<br><br>RETIRED:      YES / NO    | MARITAL STATUS | DATE OF BURIAL / INTERMENT:<br><br>ARRIVAL TIME AT CEMETERY:                                                                                                                                                                              |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LAST PERMANENT ADDRESS OF DECEASED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                        |
| ADDRESS WHERE DEATH OCCURRED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                        |
| IF THE DECEASED DID NOT RESIDE IN SANDIACRE, PLEASE GIVE LAST PERMANENT ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                        |
| IF A MINOR, PLEASE PROVIDE NAME AND RESIDENCE OF PARENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                        |
| NAME OF MINISTER _____<br>CHURCH _____<br>CONTACT NUMBER _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ❖ RELIGION<br>❖ FAITH<br>❖ NO FAITH                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                        |
| <div style="background-color: yellow; display: inline-block; padding: 2px;">GRAVE FOR 1</div> Yes / No<br><div style="background-color: yellow; display: inline-block; padding: 2px;">GRAVE FOR 2</div> <div style="background-color: yellow; display: inline-block; padding: 2px;">RESERVED FOR:</div> _____<br>Relationship to deceased? _____<br><div style="background-color: #90EE90; display: inline-block; padding: 2px;">ASHES PLOT FOR 1</div> Yes / No<br><div style="background-color: #90EE90; display: inline-block; padding: 2px;">ASHES PLOT FOR 2</div> <div style="background-color: #90EE90; display: inline-block; padding: 2px;">RESERVED FOR:</div> _____<br>Relationship to deceased? _____ | <div style="background-color: #FFFFE0; padding: 5px;"><b>EXTERNAL COFFIN SIZE</b></div><br><div style="background-color: #FFFFE0; padding: 5px;"><u>Traditional / Natural = Material/s used</u></div><br><div style="background-color: #FFFFE0; padding: 5px;"><u>Any other relevant information</u></div> |                                                                                                                                                                                                                                        |
| <b><u>OWNER / APPLICANT</u></b><br><br>Mr/Mrs/Miss/Ms: _____<br><br><b><i>I CONFIRM THAT THE DETAILS I HAVE GIVEN ARE TRUE AND CORRECT!</i></b><br><br>SIGNATURE: _____ DATE: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                        |
| <b><u>FUNERAL DIRECTOR DETAILS</u></b><br><br>FUNERAL DIRECTOR: _____<br><br>ADDRESS: _____<br><br>TELEPHONE: _____ EMAIL: _____<br><br>ARRANGER: _____ SIGNATURE: _____ Date: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                        |
| <b><u>BACS PAYMENTS PREFERRED</u></b><br><br><b><u>All payments to be made at least 3 working days in advance of the arranged date!</u></b><br><ul style="list-style-type: none"> <li>REFERENCE: <u>Name of deceased &amp; Grave or Plot number</u></li> <li>CHEQUE MADE PAYABLE TO 'Sandiacre Parish Council'</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                        |
| <b><u>FEES</u></b><br>Grave / Plot: £ _____<br>Burial / Interment: £ _____<br>Pre-paid fees: £ _____<br><b>Total:</b> £ _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b><u>OFFICE USE</u></b><br>BACS: £ _____ Date: _____<br>Cheque: £ _____<br>Cash: £ _____<br>Receipt No. _____ Date: _____                                                                                                                                                                                 | <b><u>Payment by BACS</u></b><br>HSBC Bank<br>Market Street, Long Eaton<br>A/C: 01239872<br>Sort code: 40-30-20<br><br><div style="background-color: yellow; display: inline-block; padding: 2px;"><b>Revised September 2026</b></div> |