

INTERMENT FORM

The pink copy of this form should be sent directly to the Cemetery Curator. The white copy and appropriate fee must be sent to the City of Ely Council at the above address. These must be received at least **THREE** days before the date of the interment (excluding Saturday, Sunday and Bank Holidays).

DETAILS OF PERSON TO BE INTERRED

Full Names of Deceased	
Address of Deceased	
If the deceased resided in the parish during their lifetime give approximate dates and address	
Place where Death took Place	
Date of Death	
Age	
Male or Female	
Marital Status	
Profession, trade or occupation	
If minor, give details of Parent or Guardian	
Demonination (<i>C of E, RC, Jewish, etc</i>)	
Nationality	

DATE & TIME OF ARRIVAL AT THE CEMETERY

Day _____ Date _____ Time _____

Minister Attending _____

Use of Cemetery Chapel required YES / NO

Is a service being held elsewhere prior to interment YES /NO

If yes, please state where and at what time _____

GRAVE DETAILS

Section _____ Grave Number _____

Coffin /Casket Size (including handles) _____

Is this a new grave or a reopening? _____ Is the grave a single or double depth? _____

Name and Address of Funeral Director _____

Date _____ Telephone No _____

DETAILS OF NEXT OF KIN / PURCHASE OF EXCLUSIVE RIGHT IF APPLICABLE

If purchasing a grant more than one name may be included on the grant which may be beneficial to the family in the future.

This section must be completed even if the Exclusive Right to Burial has previously been purchased

Name _____
(BLOCK CAPITALS)
Address _____

(These particulars will be entered on the Grant if being purchased)

Tel: _____

Email _____
I have been given a copy of the Rules of the Cemetery and will adhere to these.

Signature _____

Date _____

Additional Name to be included on Exclusive Right Grant (if being purchased). If more than two is required please contact the Council

Name _____
(BLOCK CAPITALS)
Address _____

(These particulars will be entered on the Grant)

Tel: _____

Email _____
I have been given a copy of the Rules of the Cemetery and will adhere to these.

Signature _____

Date _____

TO RE-OPEN A GRAVE SPACE OR CREMATED REMAINS PLOT

Name of Registered Deed Holder _____
(BLOCK CAPITALS)

If the owner is not the deceased and is a person who has previously been interred the Grant must be transferred to a next of kin. In this case please contact the Council prior to booking the funeral with the Curator.

NB: The Grant of Exclusive Right to Burial must be attached to this form or the appropriate fee paid for a search

Address _____

TEL: _____ Email _____

State name and date of the last person interred _____

I authorise the opening of Grave No _____ in section _____

Signature of registered owner _____ Date _____

(if the owner is the deceased named overleaf, leave blank).