

INTERMENT FORM

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

DETAILS OF PERSON TO BE INTERRED

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

Name and Address of Funeral Director _____

Date _____ Telephone No _____

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 _____

I have completed and signed the Purchase of Exclusive Rights Privacy Notice

Signature of registered owner _____ Date _____

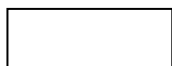
(if the owner is the deceased named on page 1, leave blank).

GRAVE DETAILS

Section _____ Grave Number _____
Rectangular Coffin /Tapered Coffin /Ashes Casket * Size including handles _____

(*delete as appropriate)

Shape of coffin (not applicable to ashes casket) * delete as appropriate.



Is this a new grave or a reopening?

Is the grave a single or double depth?

Section Con E only: is adjacent grave required as being purchased in reserve? NO / YES* *attach fee

DETAILS OF NEXT OF KIN / PURCHASE OF EXCLUSIVE RIGHT(S) 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. If more than two names, please attach a separate sheet with these on

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.

I have completed the Purchase of Exclusive Rights Privacy Notice

Signature _____

Date _____

Additional Name to be included on Exclusive Right Grant (if being purchased).

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.

I have completed the Purchase of Exclusive Rights Privacy Notice

Signature _____

Date _____



**CITY OF ELY COUNCIL
COUNCIL CHAMBERS
SESSIONS HOUSE
LYNN ROAD
ELY
CAMBS CB7 4EG
Telephone 01353 661016
Fax 01353 667057**

Email: info@cityofelycouncil.org.uk
Website: www.cityofelycouncil.org.uk

Purchase of Exclusive Rights Privacy Notice

When you purchase the Exclusive Right to a single or joint cemetery plot, the information you provide (personal information such as name, address, email address, phone number) will be processed and stored so that it is possible to contact you and to respond to your correspondence, provide information, send invoices and receipts relating to your burial plot/s. (Your personal information will not be shared with any third party without your prior consent.)

I agree that I have read and understand The City of Ely Council's Privacy Notice. I agree by signing below that the Council may process my personal information for providing information and corresponding with me. The City of Ely Council's Privacy Notice can be viewed on the Council's website www.cityofelycouncil.org.uk. If you do not have access to the website, please call us on 01353 661016 and we can send you a copy.

I agree that the City of Ely Council can keep my contact information data for an undisclosed time or until I request its removal.

I have the right to request modification on the information that you keep on record.

I have the right to withdraw my consent and request that my details are removed from your database.

Name	
Date of Birth if under 18	
Parental/Guardian consent for any data processing activity	
Address	
Telephone No.	
Email Address	
Signature	
Date	