

HIGH PEAK BOROUGH COUNCIL INTERMENT FORM for BUXTON / GLOSSOP / HOPE / THORNSETT CEMETERY

(delete as appropriate)

FOR COFFIN BURIAL/ ASHES BURIAL/ LOOSE ASHES IN LAWN/ GRAVE

(delete as appropriate)

1. Name of Deceased (in full)			
2. Occupational Description			
3. Late Residence			
4. Address where death took place			
5. Date of Death		6. Age	
7. Day, Date and Time of Interment			
8. No of Bearers		9. Name of Minister	

GRAVE TYPE: NEW / REOPEN* (delete as appropriate) (*see Removal of Memorial over page)					
10. Grave Number		11. Depth of Grave required			
12. This is the		interment in this grave.			
13. Outside Measurements of Coffin or Casket (inc. handles)	Length		Width		Depth

For New Graves only:					
14. Full name and address of purchaser including postcode:					
15. Phone No:		16. E-mail address:			
17. Relationship to Deceased		18. Right of Burial Deed No:			

For Reopened Grave and Pre-purchased graves:					
19. Full name and address of Owner of Right of Burial including postcode:					
20. Telephone No:		21. E-mail address:			
22. Name, address and date of last interment (if reopened grave):					
23. Full Name and Address of Applicant including postcode (if different to purchaser at 14. \ Owner at 19.)					
24. Telephone No:		25. E-mail address:			
26. Relationship to Deceased:					

Office use only:

Amount of Fee	£	Date of Account		Account No.	
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FOR NEWLY PURCHASED GRAVES / LAWN PLOTS ONLY:

I authorise the opening of the grave and agree to comply with cemetery regulations, a copy of which I have been given by the funeral director.

Signature of Purchaser Date.....

(This signature **must** be that of the purchaser, **who alone** can authorise erection of memorials)

FOR REOPENED / PRE-PURCHASED GRAVES:

I am the right of burial owner and authorise the opening of the grave. I agree to comply with the cemetery regulations - a copy of which I have been given by the funeral director. I will indemnify the Council from and against all liability or claims and legal fees and costs incurred which may result from the opening of the grave and burial of the deceased, brought by any person, or their successors in title, claiming ownership of the grave.

Signature of Owner / Applicant Date

(If the owner of the Right of Burial is still alive, he/she must sign here. The person signing here alone can authorise erection of memorials)

FOR REMOVAL OF MEMORIAL:

I understand that for safety reasons the memorial on the above grave will have to be removed before excavation for a coffin burial is possible.

I nominate		to carry out the work at my expense.
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Signature of Owner / Applicant Date

PLEASE NOTE: In accordance with the Cemetery Regulations, failure to complete and sign this clause may result in the postponement or cancellation of the interment. If the memorial is moved in such circumstances the Council may not permit the erection of any further memorial upon the grave space in question.

I declare to the best of my belief and knowledge that the information given on this form is correct. I have explained this form and its implications to my client and am aware of the fees, including 'out of area' fees, as levied by High Peak Borough Council.	
Name of Funeral Director.....	Tel. No.....
Address	

This form, fully completed, and the Burial Certificate must be delivered to the Cemetery Registrar not later than 48 hours before the time of interment (excluding Saturdays, Sundays and Bank Holidays). A copy of the current cemetery regulations and fees are available free of charge from the Cemetery Officer.

Address: Alliance Cemeteries Bereavement Services, The Cemetery Lodge, 87 Prestbury Road, Macclesfield, SK10 3BU

E-mail: alliancecemeteries@cheshireeast.gov.uk

Telephone: 01625 383945

Copies of this form may be downloaded from www.highpeak.gov.uk/cemeteries