



HERTFORD TOWN COUNCIL
 HERTFORD TOWN COUNCIL CEMETERY
 THE PUBLIC HEALTH (INTERMENTS) ACT 1876

Date received	_____
Grave no	_____
Reg. of Burials	_____
Purchased Grave	_____
Reg. of Graves	_____
Receipt no	_____
Ex Right	_____

NOTICE OF INTERMENT

This Notice must be delivered between the hours of 9.00am and 5.00pm Monday to Friday to the TOWN CLERK'S OFFICE, THE CASTLE, HERTFORD, SG14 1HR at least THREE CLEAR WORKING DAYS before any interment. No application for burial can be received at the weekend.

BURIAL SERVICE

Full Burial <input type="checkbox"/>		Burial of Cremated Remains <input type="checkbox"/>	Tablet <input type="checkbox"/>
			Book <input type="checkbox"/>
			Headstone <input type="checkbox"/>
Date of Burial	Time:	Grave Number:	Celebrant/Minister:
New/Reopened	Bricked or unbricked?	Family to partially fill grave?	Consecrated/ Unconsecrated

The following information must be supplied:-

DECEASED DETAILS

Surname of the deceased	Forename(s) of the deceased
Address (if a minor, name and residence of parents)	Title of deceased Mr/Mrs/Miss/Ms/Dr/Other _____
Place at which the Death occurred, and name of Parish	Profession, trade, etc. of the person to be buried
Age of Person to be buried (if in years, last birthday)	Date of Death (day/month/year)

APPLICANT DETAILS

Surname:	First Name:
Address:	Title: Mr/Mrs/Miss/Ms/Dr/Other
Relationship to the deceased	Phone Number:
Email address:	

COFFIN / CASKET DETAILS

Proposed depth of Grave	
Size of Coffin	
Coffin or Casket/Wicker Coffin?	

NEW GRAVES (PURCHASE OF EXCLUSIVE RIGHT TO BURIAL)

Name, address and relationship to the deceased of person to whom Grant of Exclusive Right of Burial is to be made out to if this is NOT the Applicant for Burial detailed overleaf	
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RE-OPENED GRAVES (AND PRE-PURCHASED)

Where graves are to be re-opened it is important that the Certificate of Exclusive Right accompanies the application form. Where such a Certificate is <u>not</u> available the following information must be given:	
Date of original purchase or first burial in the grave, and name of person there buried	
Name and address of present owner of the Grant of Exclusive Right to Burial	
If the last burial was not within the last twelve months, a search fee should be included	
Have arrangements been made for the current memorial to be removed? (re-opens only)	

INTERMENT OF CREMATED ASHES

In the case of the burial or disposal of cremated ashes, complete the particulars required on the previous page and the remaining information must be completed from the Cremation Authority Certificate	
Name and address of Cremation Authority	Date and number of Certificate
Date of Cremation	Burial – burial of urn/ashes casket or scattering?

FUNERAL DIRECTOR

Name of Funeral Directors	Address of Funeral Director
Telephone Number	
Email Address	

Signature of Applicant

Date

Cemetery Office Use Only

Date fee Rec'd:	Amount:	Payment Type:
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