



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)

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|--|--|
| 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 | |
|--|--|

RE-OPENED GRAVES (AND PRE-PURCHASED)

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| 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

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| 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: |
|-----------------|---------|---------------|