This form is to be delivered to the below address along with any outstanding fees, the Registrar’s Disposal/Coroners Order for burial and grave papers 5 days prior to the interment taking place (exclusive of Saturday, Sunday and Bank Holidays). **Please ensure that the information is set out accurately.**

All arrangements for interments are subject to the then current Rules and Regulations made by the Burial Authority, copies of which are available on request.

**Section 1 -** To be complete by all.

**Crack Lane Cemetery**

**Plot Number:**

**Single or**

**Double plot:**

**NB: If future burial required within a double plot please talk to the Cemetery Clerk and fill in appropriate paperwork.**

**Day and**
**Date of Interment:**

**Time**: (Inc am/pm)

**Funeral Director Details:**

**Company Name:**

**Address**:

**Postcode**

**Phone Number:**

**Email Address:**

**Section 2 -** This section is to be completed with the details of the deceased at time of death.

**Full Name & Title:**

**Known as:**

(if different from above)

**Date of Birth:**

**Date of Death:**

**Last Residing Address:**

**Since:**

If the deceased had previously resided within Langton Matravers Parish; state date moved away from parish and last parish address.

**Date**:

**Address**:

**Place of Death**:

**Please complete and sign EITHER section 3 OR section 4.**

**Section 3 -** To be completed when a new grave is being purchased, or for reserved plots for first interment

I/We (delete where appropriate) apply for the Exclusive Right of Burial and hereby consent to the opening of the grave in which the afore-named deceased is to be interred.

Full Name of Purchaser(s):

Address:

Phone No:

**I understand that no further interment or work on the grave space will be permitted until the necessary steps have been taken to register a new owner if applicable.**

I/We wish to apply for the Exclusive Rights of Burial for 99 years.

Signature of Purchaser(s)

Relationship to the deceased

**Section 4 -** To be completed when a applying for an existing private grave to be reopened.

I HEREBY give consent for Grave Number to be reopened for the Interment of the afore-named deceased, **AND PRODUCE HEREWITH THE DEEDS OF GRANT OF RIGHT OF BURIAL**

I DECLARE that I am the person authorised to give this instruction, and I will indemnify Langton Matravers Parish Council against all claims etc, which may be suffered in consequence.

Full Name of Applicant(s):

Address:

Phone No:

Signature of Applicant(s)

Relationship to the deceased

**NB: IN ALL OTHER CIRCUMSTANCES, TRANSFER OF GRAVE OWNERSHIP MUST TAKE PLACE BEFORE ANY INTERMENT OR WORK ON THE GRAVE WILL BE PERMITTED.**

**Section 5 -** To be completed by all.

In signing this form, I hereby undertake to indemnify the Council from and against all actions, proceedings, loss, charges, damages, expenses, claims and demands which may be brought or made against the Council in consequence of the Council’s consent to open the grave specified overleaf and permitting the burial therein of this body.

In signing this form, I agree to abide by the then current Rules and Regulations as issued by Langton Matravers Parish Council.

**Signature of Applicant(s) / Purchaser (s):**

**Date:**

N.B. For full details on how the Parish Council will process any personnel data, please refer to the published Privacy notice.