



## **Interment Notice of Burial of Ashes**

Interments must be requested 2 weeks prior to the interment date.

Confirmation of the booking will then be issued by the Town Hall Bereavement Services, until such time the request is not officially confirmed.

This form must be delivered to the Stamford Town Hall Bereavement Services with, the 'Certificate of Cremation' issued by the Crematorium, at least three full days before the burial excluding weekends and Bank holidays. A copy is also to be emailed to bereavement.services@stamfordtowncouncil.gov.uk

<b>Details of Ashes Burial</b>				
Burial of Ashes arranged for: Day	Date_		Year	Time
Arrangement for the day: Meet at gr	rave/ashes plot	Meet at main (	Car park $\square$	
Please note ashes will be required to	brought on the day	y to the Cemeter	y.	
Please tick if you wish for the Bereav	vement Services Of	ficer to perform	a service for you $\square$	
Minister or officiating Person				
<b>Details of Deceased</b>				
Deceased Details: TitleF  Permanent address prior to Death  Previous address if known*			Postcode	
*Stamford Town Council uses the decorrespond, further confirmation majoriginally purchased.	ceased's address a	s part of the che	cking process. If thes	
Is the deceased the grave owner?	Yes □	No □	Age	
Religion of deceased		Profession		
Date of Death				
Legal Status: Single	Married □	Divorced □	Civil Partnered □	
Civil partnership dissolved □ Wid	ow/Widower □	Surviving Civi	1 Partner □	







## **Details of Cremation**

Cremation took plac	e at			
Date of Cremation_				
Details of grave	e/burial			
Grave / ashes plot:	Purchased new □	Pre-purchased □ Re-ope	en □ Grant Number	
discrepancies occur, the previous burial d	further checks will be n letailed on this form, are	nade. It is important that	details on this form match the the details of the grave owner at if more than one plot is held.	, and if applicable,
Grave / ashes plot: S	ection	Row (if applicable)	Number	
<b>Details of Cont</b>	ainer			
Size of container	Length	Width	Depth	
Shape of container	Wooden Casket □	Urn □ Bio	Box □ Tube □	
Other (please state)				
Details of last b	ourial (only applic	able to a re-open)		
Full name of last per	rson buried in this grave	:		
Date of this burial: _				
Was this a full buri	al or ashes burial? Ful	l Burial □ Ash	es Burial	
Memorial				
Is there a memorial	l to be moved? Yes	s □ No □ Don't Know	v 🗆	
Owner(s) / app	licant's details			
Application for bur	rial of Ashes:			
☐ Where the decease	sed is the only grave / as	hes plot owner, only a sig	gnature of the applicant for th	e burial is required.
Authorisation to op	en and request burial	of ashes in a grave / ash	es plot:	
☐ Where the decease ashes in this grav		L living owners must sig	n this form, to authorise the o	ppening and burial of
☐ Application for	hurial in a nublic/unnu	irchased orave		







## Authority to open/re-open a previously Purchased grave for a burial of Ashes. (For additional owners please complete Appendix A)

I, the undersigned being the Registered Owner, he	ereby consent to grave number
at Stamford Cemetery being opened for the purpo	se of interring the late:
Deceased Name: TitleFull Name	
claims and demands which arise out of the above	officers and servants harmless and indemnified against all actions, interment. I hereby declare that as the registered owner to be ny further amendments as result of legislative changes. I have been sereavement Services.
Title Full Name	
Address	
	Postcode
Email	
Telephone Number	Relationship to deceased
Signature	Date
To be completed if the funeral is requ Registered Owner	uested by a person for the interment of the
I hereby give my consent to the interment, in the a	aforementioned grave of the late:
Deceased Name: TitleFull Name	
I hereby hold Stamford Town Council and all its claims and demands which arise out of the above	officers and servants harmless and indemnified against all actions, interment.
Title Full Name	
Address	
	Postcode
Email	
Telephone Number	
receptione runner	Relationship to deceased

If possible, please attach the Exclusive Right of Burial Deed.







## To be completed in respect of Communal Graves

I, the undersigned, herby consent to the internment of the late:
Deceased Name: Title Full Name
In an unpurchased grave, and I understand that no further right of burial or other rights in the grave will be granted me by virtue of the interment. I also understand that the interment may be in a grave where other burials have or make place.
I hereby hold Stamford Town Council and all its officers and servants harmless and indemnified against all actions claims and demands which arise out of the above interment.
Title Full Name
Address
Postcode
Email
Telephone NumberRelationship to deceased
Signature Date
Details of Funeral Director (if applicable)  I can confirm that all the above has been discussed with the owner(s) / applicant and is correct.
Team commin that an the above has been discussed with the owner(s) / applicant and is correct.
Name and address of Funeral Director (This Section Must be Completed)
Funeral Arrangers Name
I have confirmed that all applicable Cemetery fees, including resident/non-resident fees have been fully explained understood by our client.
Signature Date
Any additional information

Please remember to attach the 'Certificate of Cremation'. If possible, please attach the Exclusive Right of Burial Deed

Approved: STC 28th February 2023



