## **Mid Devon District Council**



## **Notice of Interment**

Tiverton Office, Phoenix House, Phoenix Lane, Tiverton. EX16 6PP 01884 234343

Name of Decased	Resident Non Resident	Tiverton Cemetery	delete as appropriate		Crediton Cemetery				
Left Mid   Devon area   Postcode	Details of the person who is to be buried Grave Number								
Left Mid Devon area Postcode  Date of Death Occupation  Place where death occurred  Details of the Burial (to be completed by Funeral Director/ Organiser.  Date of Interment Time of Interment  The above Interment is of a COFFIN / CASKET or CREMATED REMAINS: CASKET/URN (delete as appropriate)  External Dimensions of Coffin/Casket/Urn including handles:(Inches) Length Width  Do not add extra on for case of lowering Height Consecrated Y/N  Will the family attend? Y/N  Name of Funeral Director Telephone Number  Signature of Funeral Director  If an un-purchased grave is required please complete section A below.  For all other graves please complete section B or C overleaf.  Section A  I require the above interment to take place in an un-purchased grave. I understand that if I do not purchase the Exclusive Rights to the grave the Council may inter other unrelated persons in this grave. I understand that no memorials will be permitted on this grave and that unrelated persons may subsequently be buried in this grave. I understand that no memorials will be permitted on this grave and that unrelated persons may subsequently be buried in this grave. I understand that no memorials will be permitted on this grave and that unrelated persons may subsequently be buried in this grave.  Signed (Person arranging the above burial)  Date  Home Address	Name of Deceased					Age			
Left Mid Devon area Postcode  Date of Death Occupation  Place where death occurred  Details of the Burial (to be completed by Funeral Director/ Organiser.  Date of Interment Time of Interment  The above Interment is of a COFFIN / CASKET or CREMATED REMAINS: CASKET/URN (delete as appropriate)  External Dimensions of Coffin/Casket/Urn including handles:(Inches) Length Width  Do not add extra on for case of lowering Height Consecrated Y/N  Will the family attend? Y/N  Name of Funeral Director Telephone Number  Signature of Funeral Director  If an un-purchased grave is required please complete section A below.  For all other graves please complete section B or C overleaf.  Section A  I require the above interment to take place in an un-purchased grave. I understand that if I do not purchase the Exclusive Rights to the grave the Council may inter other unrelated persons in this grave. I understand that no memorials will be permitted on this grave and that unrelated persons may subsequently be buried in this grave. I understand that no memorials will be permitted on this grave and that unrelated persons may subsequently be buried in this grave. I understand that no memorials will be permitted on this grave and that unrelated persons may subsequently be buried in this grave.  Signed (Person arranging the above burial)  Date  Home Address	Home Address								
Date of Death Occupation  Place where death occurred  Details of the Burial (to be completed by Funeral Director/ Organiser.  Date of Interment  Time of Interment  The above Interment is of a COFFIN / CASKET or CREMATED REMAINS: CASKET/ URN (delete as appropriate)  External Dimensions of Coffin/Casket/Urn including handles: (Inches)  Length Width  Do not add extra on for ease of lowering  Height  Officiant  Chapel Y/N  Consecrated Y/N  Will the family attend?  Y/N  Name of Funeral Director  Telephone Number  Signature of Funeral Director  If an un-purchased grave is required please complete section A below.  For all other graves please complete section B or C overleaf.  Section A  I require the above interment to take place in an un-purchased grave. I understand that if I do not purchase the Exclusive Rights to the grave the Council may inter other unrelated persons in this grave. I understand that no memorials will be permitted on this grave and that unrelated persons may subsequently be buried in this grave.  Signed (Person arranging the above burial)  Date  Home Address	Tionic radiess		Left Mid						
Place where death occurred    Details of the Burial (to be completed by Funeral Director/ Organiser.			Devon area		Postcode				
Details of the Burial (to be completed by Funeral Director/ Organiser.  Date of Interment  Time of Interment  Time of Interment  The above Interment is of a COFFIN / CASKET or CREMATED REMAINS: CASKET/ URN (delete as appropriate)  External Dimensions of Coffin/Casket/Urn including handles:(Inches)  Length Width  Do not add extra on for ease of lowering  Height  Officiant  Chapel Y/N  Consecrated Y/N  Will the family attend?  Y/N  Name of Funeral Director  Telephone Number  Signature of Funeral Director  If an un-purchased grave is required please complete section A below.  For all other graves please complete section B or C overleaf.  Section A  I require the above interment to take place in an un-purchased grave. I understand that if I do not purchase the Exclusive Rights to the grave the Council may inter other unrelated persons in this grave. I understand that no memorials will be permitted on this grave and that unrelated persons may subsequently be buried in this grave.  Signed (Person arranging the above burial)  Date  Home Address	Date of Death			Occupation					
Date of Interment  Time of Interment  Time of Interment  The above Interment is of a COFFIN / CASKET or CREMATED REMAINS: CASKET/ URN (delete as appropriate)  External Dimensions of Coffin/Casket/Urn including handles:(Inches)  Do not add extra on for ease of lowering  Height  Officiant  Chapel Y/N  Do you require a council employee to meet the cortege at the gate? Y/N  Name of Funeral Director  Telephone Number  Signature of Funeral Director  If an un-purchased grave is required please complete section A below.  For all other graves please complete section B or C overleaf.  Section A  I require the above interment to take place in an un-purchased grave. I understand that if I do not purchase the Exclusive Rights to the grave the Council may inter other unrelated persons in this grave. I understand that no memorials will be permitted on this grave and that unrelated persons may subsequently be buried in this grave.  Signed (Person arranging the above burial)  Date  Relationship to the deceased  Home Address	Place where death oc	curred	<u> </u>		<u> </u>	<u> </u>			
Date of Interment  Time of Interment  Time of Interment  The above Interment is of a COFFIN / CASKET or CREMATED REMAINS: CASKET/ URN (delete as appropriate)  External Dimensions of Coffin/Casket/Urn including handles:(Inches)  Do not add extra on for ease of lowering  Height  Officiant  Chapel Y/N  Do you require a council employee to meet the cortege at the gate? Y/N  Name of Funeral Director  Telephone Number  Signature of Funeral Director  If an un-purchased grave is required please complete section A below.  For all other graves please complete section B or C overleaf.  Section A  I require the above interment to take place in an un-purchased grave. I understand that if I do not purchase the Exclusive Rights to the grave the Council may inter other unrelated persons in this grave. I understand that no memorials will be permitted on this grave and that unrelated persons may subsequently be buried in this grave.  Signed (Person arranging the above burial)  Date  Relationship to the deceased  Home Address	Datails of the Ru	urial (to be complete	ad by Funaral Director/	Iraanicar					
External Dimensions of Coffin/Casket/Urn including handles:(Inches)  External Dimensions of Coffin/Casket/Urn including handles:(Inches)  Length  Width  Do not add extra on for ease of lowering  Height  Consecrated Y/N  Will the family  Do you require a council employee to meet the cortege at the gate? Y/N  Name of Funeral Director  Telephone Number  Signature of Funeral Director  If an un-purchased grave is required please complete section A below.  For all other graves please complete section B or C overleaf.  Section A  I require the above interment to take place in an un-purchased grave. I understand that if I do not purchase the Exclusive Rights to the grave the Council may inter other unrelated persons in this grave. I understand that no memorials will be permitted on this grave and that unrelated persons may subsequently be buried in this grave.  Signed (Person arranging the above burial)  Date  Home Address	Date of	iriai (to be complet	ed by Functar Director/	organiser.					
External Dimensions of Coffin/Casket/Urn including handles:(Inches)  Do not add extra on for ease of lowering  Height  Consecrated Y/N  Will the family attend? Y/N  Name of Funeral Director  Telephone Number  Signature of Funeral Director  If an un-purchased grave is required please complete section A below.  For all other graves please complete section B or C overleaf.  Section A  I require the above interment to take place in an un-purchased grave. I understand that if I do not purchase the Exclusive Rights to the grave the Council may inter other unrelated persons in this grave. I understand that no memorials will be permitted on this grave and that unrelated persons may subsequently be buried in this grave.  Signed (Person arranging the above burial)  Date  Home Address	Interment				Time of Interment				
Officiant Chapel Y/N Consecrated Y/N Will the family attend? Y/N  Name of Funeral Director Telephone Number  Signature of Funeral Director  If an un-purchased grave is required please complete section A below.  For all other graves please complete section B or C overleaf.  Section A  I require the above interment to take place in an un-purchased grave. I understand that if I do not purchase the Exclusive Rights to the grave the Council may inter other unrelated persons in this grave. I understand that no memorials will be permitted on this grave and that unrelated persons may subsequently be buried in this grave.  Signed (Person arranging the above burial) Date  Relationship to the deceased  Home Address	The above Interment	is of a COFFIN / CASK	ET or CREMATED REMAINS:	CASKET/ URN (d	delete as appropriate)				
Officiant  Chapel Y/N  Do you require a council employee to meet the cortege at the gate? Y/N  Name of Funeral Director  Telephone Number  Signature of Funeral Director  If an un-purchased grave is required please complete section A below.  For all other graves please complete section B or C overleaf.  Section A  I require the above interment to take place in an un-purchased grave. I understand that if I do not purchase the Exclusive Rights to the grave the Council may inter other unrelated persons in this grave. I understand that no memorials will be permitted on this grave and that unrelated persons may subsequently be buried in this grave.  Signed (Person arranging the above burial)  Date  Home Address			cluding handles:(Inches)		Length	Width			
Do you require a council employee to meet the cortege at the gate? Y/N  Name of Funeral Director  Telephone Number  Signature of Funeral Director  If an un-purchased grave is required please complete section A below.  For all other graves please complete section B or C overleaf.  Section A  I require the above interment to take place in an un-purchased grave. I understand that if I do not purchase the Exclusive Rights to the grave the Council may inter other unrelated persons in this grave. I understand that no memorials will be permitted on this grave and that unrelated persons may subsequently be buried in this grave.  Signed (Person arranging the above burial)  Date  Full Name  Relationship to the deceased  Home Address	Do not aaa extra on Joi	r ease of towering			Height	_			
Do you require a council employee to meet the cortege at the gate? Y/N  Name of Funeral Director  Telephone Number  Signature of Funeral Director  If an un-purchased grave is required please complete section A below.  For all other graves please complete section B or C overleaf.  Section A  I require the above interment to take place in an un-purchased grave. I understand that if I do not purchase the Exclusive Rights to the grave the Council may inter other unrelated persons in this grave. I understand that no memorials will be permitted on this grave and that unrelated persons may subsequently be buried in this grave.  Signed (Person arranging the above burial)  Date  Home Address	Officiant Chapel Y/N			_					
Name of Funeral Director  Signature of Funeral Director  If an un-purchased grave is required please complete section A below.  For all other graves please complete section B or C overleaf.  Section A  I require the above interment to take place in an un-purchased grave. I understand that if I do not purchase the Exclusive Rights to the grave the Council may inter other unrelated persons in this grave. I understand that no memorials will be permitted on this grave and that unrelated persons may subsequently be buried in this grave.  Signed (Person arranging the above burial)  Date  Home Address	Do you require a co	et the cortege at the gate? ${f V}/$	N	•					
Signature of Funeral Director  If an un-purchased grave is required please complete section A below. For all other graves please complete section B or C overleaf.  Section A  I require the above interment to take place in an un-purchased grave. I understand that if I do not purchase the Exclusive Rights to the grave the Council may inter other unrelated persons in this grave. I understand that no memorials will be permitted on this grave and that unrelated persons may subsequently be buried in this grave.  Signed (Person arranging the above burial)  Date  Home Address	Do you require a co	ounch employee to me	et the cortege at the gate. 17.		attena.		1/11		
If an un-purchased grave is required please complete section A below.  For all other graves please complete section B or C overleaf.  Section A  I require the above interment to take place in an un-purchased grave. I understand that if I do not purchase the Exclusive Rights to the grave the Council may inter other unrelated persons in this grave. I understand that no memorials will be permitted on this grave and that unrelated persons may subsequently be buried in this grave.  Signed (Person arranging the above burial)  Date  Full Name  Relationship to the deceased  Home Address	Name of Funeral Dire	rector Telephone Number							
For all other graves please complete section B or C overleaf.  Section A  I require the above interment to take place in an un-purchased grave. I understand that if I do not purchase the Exclusive Rights to the grave the Council may inter other unrelated persons in this grave. I understand that no memorials will be permitted on this grave and that unrelated persons may subsequently be buried in this grave.  Signed (Person arranging the above burial)  Date  Full Name  Relationship to the deceased  Home Address	Signature of Funeral	Director		<del>-</del>					
I require the above interment to take place in an un-purchased grave. I understand that if I do not purchase the Exclusive Rights to the grave the Council may inter other unrelated persons in this grave. I understand that no memorials will be permitted on this grave and that unrelated persons may subsequently be buried in this grave.  Signed (Person arranging the above burial)  Date  Full Name  Relationship to the deceased  Home Address									
grave the Council may inter other unrelated persons in this grave. I understand that no memorials will be permitted on this grave and that unrelated persons may subsequently be buried in this grave.  Signed (Person arranging the above burial)  Full Name  Relationship to the deceased  Home Address	Section A								
Full Name Relationship to the deceased  Home Address	grave the Council m	nay inter other unrelate	d persons in this grave. I unde						
Home Address	Signed (Person arran	ging the above burial)				Date			
	Full Name			Rela	ationship to the deceased				
Postcode	Home Address								
F LINU LIGHT						Postcode			

## Section B New Graves Only

Details of the grave required: to be completed by the person whose name is to be registered on the Deed

delete options not required:					
Cremated Remains Grave Childs Grave Adult Grave Tree Grave (Ashes C	Only)				
Full Name of the person purch	asing the Exclusive Rig	thts of Burial for the	Grave —		
Mr/Mrs/Miss/MS/ Other (pleas	se state)		Email Tel:		
Home Address				Postco	
Important - I would like to monument. I have been gi				natic right to erec	t a
Signature of Purchaser				Date	
	eviously Purch	J	be opened		
To be completed by the gr Please open grave number	ave owner or their r		ceme		
for the interment of			of deceased) on		(Date).
Name and Date of last Interme	ent in grave				
I am the registered owner of th		cutor of the owner (d	elete as appropriate)		
If not the registered owner plea	ase state your relationsh	ip to the deceased gr	ave owner		
N.B. Mid Devon District Cowner or to inter the owner that they are entitled to re of transfer, responsibility  Signature of applicant	er. In all other cases eceive these rights. V	ownership must l Whilst the Council neral arranger to	oe transferred to so will offer all assista have clarified this r	meone who can l ance in establishin	egally prove ng the means oking.
			Date		
Mr/Mrs/Miss/Ms/Other (please Full Name	e state)	·		·	
Address					
Postcode:	Er	mail:			
For Office Use Only: Fees					
Interment					
Purchase of Rights					
Use of Chapel					