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| Minehead Town Councillogo |

## Minehead Town Council Cemetery Notice of Interment

**Day Date Time**

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

Deceased’s Surname Forenames

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

Home Address

|  |  |  |
| --- | --- | --- |
|  | Age |  |
|  | Date of death |  |
|  | Place of death |  |
|  | Proposed depth |  |
| Postcode  |  | Coffin Size | (ft) (in.) x (in.) |

**Service Arrangements**

|  |  |
| --- | --- |
| Religious Denomination |  |
| Officiating |  |
| Service at Graveside | YES | NO | Mourners attending  | YES | NO |

**GRAVE OWNER**: Full name and address

|  |
| --- |
|  |
| SIGNATURE: | PRINT NAME: |

**EXCLUSIVE RIGHT OF BURIAL TO BE PURCHASED**

|  |  |
| --- | --- |
| Name & Address of 1st Holder | Name & Address of 2nd Holder |
| SIGNATURE:PRINT NAME: | SIGNATURE:PRINT NAME: |

**If you require further information please contact:** Minehead Town Council, Council Offices,

3 Summerland Road, Minehead, Somerset, TA24 5BP - Tel: 01643 707213

 Email: info@mineheadtowncouncil.co.uk Web:[www.Mineheadtowncouncil.co.uk](http://www.Mineheadtowncouncil.co.uk)

Garden of Rest:

|  |
| --- |
| Remains to be interred in: Row Plot |

New Grave:

|  |  |  |  |
| --- | --- | --- | --- |
| Grave Number |  | Cremated Remains |  |

Reopen Grave:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Grave Number |  | Depth |  | Single  |  | Double |  |

Note:

If the Deed of Grant is not produced the form of authority below must be completed.

Form of Authority – consent

**To reopening a grave when a deed of grant is not produced:**

**I hereby declare:**

a) that I am not able to produce the DEED of GRANT relating to the grave mentioned

 above on this form.

 b) that I am entitled to authorise an interment in the grave and I do accordingly authorise

 the interment mentioned: and;

 c) that I will indemnify Minehead Town Council against all claims and demands arising out

of such interment.

**Signature:**……………………………………………………………………………

**Print full name:**……………………………………………………………………...

**Address:**……………………………………………………………………………...

Signature of Funeral Director

|  |
| --- |
|  |

Name and Address of Firm

|  |
| --- |
|  |

**FEES DUE**

|  |  |  |  |
| --- | --- | --- | --- |
| **Interment Fees** | **£** | **Purchase of Exclusive****Right of Burial** | **£** |
| **Double fees are payable in respect of a person not a permanent resident of the Town of Minehead at the time of death for both interment fees and for the Purchase of Exclusive Right of Burial** | **TOTAL FEES****£** |

|  |  |  |  |
| --- | --- | --- | --- |
| **FOR OFFICE USE** | **Date:** | **Receipt No:** | **Deed of Grant:** |
| **Register of Burials Book:** | **Computer:** | **Index:** |
| **Register of Public Graves Book:** | **Computer:** | **Index:** |
| **Register of Purchased Graves Book:** | **Computer** | **Red Book:**  |