

ABBOTTS ANN PARISH COUNCIL
NOTICE OF INTERMENT OF ASHES

This form is to be delivered to the Parish Council along with the Registrar's Certificate for Disposal/Coroners Order for interment and the ERB Deed of Grant. Please ensure that the information is set out accurately.

SECTION ONE: THE DECEASED

FULL NAME

LAST PERMANENT ADDRESS

PLACE OF DEATH

DATE OF DEATH

OCCUPATION

RESIDENT OR NON-RESIDENT*
(proof may be required)

AGE

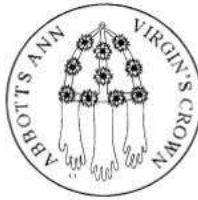
SECTION TWO: THE FUNERAL

INTERMENT DATE

INTERMENT TIME

FUNERAL ARRIVAL TIME

NAME OF MINISTER



SECTION THREE: THE INTERMENT

TYPE OF CREMATION PLOT

New Cremation Plot
(without purchased ERB)

☐

*Complete Form Application to
purchase ERB*

Empty Cremation Plot
(with purchased ERB)

☐

*Complete section 5 and
provide ERB Deed of Grant*

Cremation Plot to be
reopened

☐

*Complete section 5 and
provide ERB Deed of Grant*

TYPE OF INTERMENT

Ashes Casket

☐

SECTION FOUR: THE FUNERAL DIRECTOR

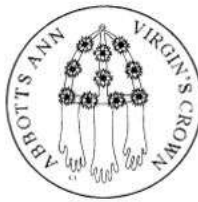
NAME OF FUNERAL DIRECTOR

COMPANY

ADDRESS

TELEPHONE NUMBER

SIGNATURE AND DATE



SECTION FIVE: CONSENT OF THE ERB HOLDER(S) FOR THE OPENING OR THE RE-OPENING OF A CREMATION PLOT AT SECTION THREE ABOVE

The Registered Owners(s) of the Exclusive Right of Burial must give permission for the interment by signing below. If the owner is deceased, the person arranging the funeral should complete this section.

I/We, the undersigned, hereby consent to plot number [] being opened/re-opened for the purpose of interring the late [].

I/we the undersigned have received a copy of the Burial Ground Regulations and agree to adhere to them.

Owner One

FULL NAME

ADDRESS

TELEPHONE

SIGNATURE AND DATE

Owner Two (if applicable)

FULL NAME

ADDRESS

TELEPHONE

SIGNATURE AND DATE

Owner Three (if applicable)

FULL NAME

ADDRESS

TELEPHONE

SIGNATURE AND DATE

This section is for Parish Council Office use only:

Plot Number:

Interment Fee paid: £

Date of Parish Council approval (if required): Resident: Y / N