Barnton Parish Council

 Notice of Interment

Public Health (Interment) Act 43 & 43 VICT. C. 31.

**PLEASE COMPLETE THIS FORM AND** **RETURN VIA EMAIL TO** barntonpc@gmail.com

This notice is to be delivered to Barnton Parish Council, c/o The Bungalow, Rosebank School, Townfield Lane, Barnton, CW8 4QP. **This notice must be received latest two clear working**  **days prior to the date of the funeral, along with the certificate for burial and the appropriate fee. No work can commence until this notice is received with all questions answered. Please note that Saturdays, Sundays and official holidays are not counted as working days.**

• All applications for burials, other than for a new grave, must be accompanied by the appropriate Grave Deed or **proof of ownership**.

• No interment will take place until ownership has been transferred if necessary.

 **It is imperative that the particulars below be completed carefully and accurately as no responsibility will be accepted by the Council for any errors.**

1) Full name of Deceased\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2) Date of Death\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3) Full address of Deceased\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4) Address where death occurred\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5) Age of Deceased\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6) If a minor, give parents name and address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**7)FULL NAME, ADDRESS & CONTACT DETAILS OF FUNERAL DIRECTOR**

**8) DATE AND TIME OF INTERMENT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

9) Time at which the funeral will arrive at the burial ground\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**10) Grave number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**11) IF EXISTING PLOT, PLEASE PROVIDE FULL NAME OF OWNER & PROOF OF OWNERSHIP (GRAVE DEED/STATUTORY DECLARATION)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12) Please state NEW GRAVE or RE-OPENING \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13) Name of the officiating Minister\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**14) SIZE OF COFFIN Feet and Inches. (This is most important)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**15) APPLICANT** This is to be signed by the **PURCHASOR** OR CURRENT **OWNER** OF THE GRAVE, or the PERSON APPLYING TO TRANSFER OWNERSHIP OF EXISTING GRAVE.

**PRINT FULL NAME**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PRINT FULL ADDRESS\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **SIGNED**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**DATED**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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