

**APPENDIX B – NOTICE OF INTERMENT FORM**

**THIS NOTICE TO BE RECEIVED BY THE CLERK AT LEAST TWO WORKING DAYS BEFORE ANY INTERMENT**

**ADDRESS:** Desford Parish Council Offices, c/o Desford Library,  
Main Street, Desford, LE9 9JP

No. in BURIAL REGISTER

**TELEPHONE :** 01455 822993

**ORDER FOR AN INTERMENT  
IN DESFORD CEMETERY**

**FULL NAME OF DECEASED**

**FUNERAL DETAILS – DAY &  
DATE OF BURIAL**

DAY:

**PERMANENT ADDRESS OF DECEASED**

DATE:

TIME:

OFFICIATING MINISTER:

**DATE OF**

**AGE**

**DETAILS OF GRAVE**

**DEATH** \_\_\_\_\_

\_\_\_\_\_

NEW/RE-OPEN/CASKET  
INTERMENT/ASHES SCATTER

**PLACE OF DEATH**

No. \_\_\_\_\_

COFFIN SIZE \_\_\_\_\_

<b>OCCUPATION</b>	DEPTH _____ IF A REOPENED GRAVE THE NAME AND ANY DETAILS OF PERSONS BURIED IN THIS GRAVE
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<b>FUNERAL DIRECTOR</b> <b>NAME</b> <b>ADDRESS</b>	<b>STONEMASION CONTACTED YES/NO</b>  TYPE OF MEMORIAL ON GRAVE
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<b>SIGNATURE</b>	
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<b>DATE</b>	DETAILS OF ANY SPECIAL ARRANGEMENTS
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<b>FEE PAID £</b>	(e.g. UNUSUAL COFFIN SHAPE)
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**\*\*\* PART A, B, OR C OVERLEAF TO BE COMPLETED AS APPROPRIATE**

**# DELETE AS APPLICABLE**

<i>OFFICIAL USE</i>	<b>Receipt No.</b>	
FEE .....	<div style="border: 1px solid black; width: 80px; height: 30px; margin: 0 auto;"></div>	<b>PLAN MARKED</b>
INTERMENT .....		<b>INDEX</b>
ASHES .....		<b>REG. BURIAL</b>
PURCHASE GRAVE .....		<b>PURCHASE GRAVE</b>
		<b>SECTION</b>

**A. TO BE COMPLETED WHEN A NEW GRAVE/CREMATION PLOT IS BEING PURCHASED**

I apply for the rights of exclusive burial and hereby consent to the opening of the grave for the purposes of the interment specified overleaf.

Signature of purchaser .....  
(or representative of person named below)

Full name and address Mr/Mrs/Ms/Miss .....  
(in block capitals) .....  
.....

NOTE: All purchasers of graves are reminded that the erection of any permanent monument will require the consent of the burial authority and the payment of the appropriate fee. The authority reserves the right to remove any unauthorised form of memorial.

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**B. TO BE COMPLETED WHEN THE PERSON MAKING APPLICATION FOR THE INTERMENT IS THE PERSON NAMED IN THE GRAVE GRANT AND THE GRANT IS ATTACHED.**

I confirm that I am the person named in the attached Grave Grant and I hereby consent to the opening of the grave for the purpose of the interment specified overleaf.

Signature of registered owner .....

Full name and address Mr/Mrs/Ms/Miss .....  
(in block capitals) .....  
.....

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**C. TO BE COMPLETED IN ALL OTHER CASES**

In CONSIDERATION of Desford Parish Council (hereinafter called 'The Council') not insisting upon the production of the Grave Grant in respect of the grave referred to overleaf and in consideration of the Council permitting me to bury/scatter the remains of the deceased named overleaf in the said grave

I (full name in block capitals) .....

of (full address in block capitals) .....

.....  
(continued overleaf)

HEREBY UNDERTAKE to indemnify the Council from and against all actions, proceedings, loss, charges, damages, expenses, claims and demands which may be brought or made against the Council in consequence of the Council's consent to open the before mentioned grave and permitting the burial therein of the body of the said

.....

Dated this ..... day of ..... 20 .....

Usual signature of applicant .....

Signature Of Witness .....

Name Of Witness (In Capitals) .....

Address Of Witness .....

NOTE: If you sign this indemnity form the Council will permit the grave to be opened for burial purposes without the production of the original Grave Grant, but you should note that in signing this indemnity you are giving an undertaking to bear the costs of the burial and the cost of any claim which might be brought by the owner or the heirs to the owner of the grave as a result of your claiming the right to bury the remains of the deceased person mentioned above in the grave.