

APPLICATION FOR THE PURCHASE OF A NEW PRIVATE GRAVE

I wish to purchase the Right of Burial to the grave in which the deceased person named overleaf is to be interred and understand that my Rights will exist for a period of 50 years.

I confirm that I have received a summary of the Rules and Regulations governing Mansfield District Council Cemeteries and will comply with them.

I also understand that the cemetery staff will remove any funeral flowers left on the grave after 3 weeks from the date of the funeral. In the event that they fade before the three weeks then either the family or, on the families instructions, a member of the cemetery staff will remove them.

Signed _____ Dated _____

Full Name of Applicant (PLEASE PRINT)	Mr / Mrs / Ms
Telephone No:	
Full address (PLEASE PRINT)	

OFFICE USE ONLY

Burial No. _____

Deed No. _____

Invoice No. _____

Amount _____

MANSFIELD DISTRICT COUNCIL – CEMETERIES
NOTICE OF INTERMENT AT CEMETERY

This form **MUST** be fully completed and received by the Office at Mansfield & District Crematorium, Derby Road, Mansfield, **AT LEAST 2 CLEAR WORKING DAYS PRIOR TO THE FUNERAL SERVICE.** Please note that if this form is either not fully completed or received by the time stated, then burial may be delayed.

INTERMENT DETAILS

Date & Time of Burial	Date: Time:
Full Name of Deceased (Mr, Mrs, Miss, Other)	
Age of Deceased / Occupation	/
Date of Death / (Married,Widowed,Single,Partner)	/
Last permanent address (If the deceased took up residency outside the District Council's area within the last 6 months or has moved straight into a Nursing Home outside the area from an address within the District Council's area, then please also give former address as this affects fees.)	
Type of Service	Direct to Grave YES / NO Graveside YES / NO Use of Chapel (MW & M only) YES / NO
Name of Person Officiating	
Religion of Deceased if appropriate	
Grave Number/Type i.e Traditional/Lawn/Cremated Remains	
SIZE – please specify the following When stating the coffin size please give accurate coffin lid size only in order that we can make the necessary adjustment for grave size.	Coffin / Casket / Cremation Casket Outside measurement – length _____ Outside measurement – width _____ Outside measurement – depth _____ (include allowances for handles)
Depth of Grave required (Please note that although best endeavours will be made to ensure that the requested depth is achieved, this may not be possible due to coffin/casket sizes and/or ground conditions.	
Special Interest – Please indicate whether horse drawn / bugler / bagpipes etc., that might impact on others in the cemetery.	
Funeral Director Details – Name Address Telephone No.	

TO BE COMPLETED BY THE APPLICANT

I hereby certify that the above details are correct and I have received a copy of the Rules & Regulations of the cemetery, and I will comply with them. Signature of Applicant _____

Full Name of Applicant _____

Address _____