

APPLICATION FOR INTERMENT IN A NONE PRIVATE GRAVE

I full understand that the deceased person named overleaf is to be interred in an ordinary grave in which other persons are, or may be, buried and that I may not be able to purchase the Exclusive Right of Burial to the grave.

I further understand that no headstone may be erected on the grave

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 funeral flowers will be removed from the grave automatically three weeks after the funeral. In the event that they fade beforehand then either the family or, on their instructions, the cemetery staff will remove them. This is to ensure that the grave is left looking as presentable and a fitting tribute as possible, to the deceased.

| | |
|--|-----------------|
| Full Name of Applicant (PLEASE PRINT) | Mr / Mrs / Miss |
| Full Address of Applicant (PLEASE PRINT) | |
| Signature of Applicant (Please note this is to be signed by Next of Kin and NOT the Funeral Director or Hospital Representative) | _____ |
| Dated | |

NB INSTRUCTIONS FOR INTERMENT IN A NON-PRIVATE GRAVE WILL **NOT** BE ACCEPTED UNLESS THIS DECLARATION IS FULLY COMPLETED.

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, Ms, 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 _____