

**APPLICATION FOR THE RE-OPENING OF A PRIVATE GRAVE AND
CONSENT TO BURIAL BY THE ORIGINAL PURCHASER OF THE
EXCLUSIVE RIGHT OF BURIAL**

I hereby authorise Grave No. _____ in _____ Cemetery to be opened for the interment of _____ the deceased person named on this order.

Is the deed of ownership attached	YES / NO
Full name of registered owner (PLEASE PRINT)	Mr / Mrs / Ms
Address (PLEASE PRINT)	
Relationship to deceased	

I certify that the above particulars are correct and hereby undertake to indemnify Mansfield District Council and all its Officers and members against any claim whatsoever relating to the grave, its ownership, or the Exclusive Right of Burial therein.

I also understand that any memorial on the grave will need to be removed and refixed and that this work will not be the responsibility of the Council.

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.

Signature of registered owner _____ date _____

N.B. If the Deed of Grant is not able to be produced the following must be completed:-

I, _____ (full name/please print) being the registered owner of the grant of Exclusive Right of Burial in the above grave space and not having produced documentary proof of ownership, take full responsibility for the opening of the grave and the interment of the deceased person named in this order. I hereby indemnify Mansfield District Council and all its Officers and members against any liability.

Signed _____ date _____

OFFICE USE ONLY

Burial No. _____
Deed No. _____
Invoice No. _____ **Amount** _____

Deed received Yes/No
Date Deed returned _____

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, Ms, 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 _____