

## Notice of interment in Grave Space at ..... Cemetery

This notice, fully completed and accompanied by the appropriate remittance, is to be delivered to Cavendish Road within 48 hours (exclusive of Saturday and Sunday) before the interment. **Our Privacy Policy has been updated to reflect changes to data protection legislation and can be viewed at the following link**  
<http://www.stevenage.gov.uk/privacy-policy>

**PLEASE NOTE:**

- No application can be accepted on a Saturday, Sunday or a Public Holiday.
- Memorials must be removed 4working days before burial takes place otherwise digging will be delayed.
- Minister's fees are paid direct to the Minister by the Funeral Directors.
- Cemetery fees should be made payable to STEVENAGE BOROUGH COUNCIL.
- Please complete all sections of this form

**PARTICULARS OF BURIAL**

**Hire of Chapel if required:** YES / NO

When required: Day: ..... Date: ..... Time: .....

Type of Funeral/Religion: ..... Grave No: .....

**PARTICULARS OF DECEASED**

Surname: ..... First Names: .....

Normal Address: .....

Age: ..... Date of Death: ..... Place of Death: .....

**PARTICULARS OF GRAVE**

Purchased  Transfer  Reopen  Common

To be completed by the existing Grant Owner if Reopen, the New Grant Owner if the grave is to be Purchased or Transferred to another party. If Transfer, please also complete Transfer Form.

Name & Address:

.....Postcode.....

T/phone: .....Email:.....Signature:.....

Depth of Grave to be dug: Child  Single  Double  Treble  Ashes

Exact Outside Measurements of Coffin / Casket including fittings: Length.....Width.....

**Coffins & Caskets that exceed 42" in width will be charged the equivalent of double burial fees**

Please ensure at least one of the below boxes is ticked

Council to fill grave  Family to fully self-fill grave   
 Family to partially fill grave  Soil Box Required for scattering

Any additional information relevant to the interment:

.....

Name of Undertaker/Person making the arrangements:

.....

Address: .....

.....

Postcode:.....Tel No: .....

**Return to** Cavendish Road, Stevenage, SG1 2ET  
 Tel No. 01438 367109

FOR OFFICE USE ONLY		
Grant No.		
Grave No.		
<b>Fees</b>	<b>£</b>	<b>p</b>
Burial		
Grant/Transfer		
Chapel		
<b>Total</b>		
<b>Receipt No.</b>		

# STEVENAGE BOROUGH COUNCIL LAWN CEMETERIES

Please complete this declaration if you are applying for a new grave space in Weston Road Cemetery.

## FORM OF DECLARATION FOR WESTON ROAD LAWN CEMETERY

I make an application for a grave space in the Council's Weston Road Lawn Cemetery.

I declare that I have received a copy of the Council's Regulations, read, understood them and have noted the special restrictions which apply to Lawn Cemeteries.

In making this application, I agree that the Council's Burial Regulations will apply in respect of any grave space I may be allocated.

Signed.....Dated.....

Name of Signatory.....  
(Please write in BLOCK capitals)

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