

Interment No:

Notice of Interment of Ashes - Garden of Rest atCemetery

This notice, fully completed and accompanied by the appropriate remittance, is to be delivered to the Cavendish Road within 48 hours (exclusive of Saturdays and Sundays) before the interment.

PLEASE NOTE:

- No application can be accepted on a Saturday, Sunday or Public Holiday
- Memorials must be removed 4 working 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

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>

PARTICULARS OF BURIAL OF ASHES

When Required: Day: Date: Time:

Denomination of Officiating Minister: Plot No:.....

PARTICULARS OF DECEASED

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

Normal Address:.....

Age: Date of Birth: Date of Death:

Place of Death:.....

PARTICULARS OF CASKET

Size of Casket / Polycontainer / Urn:..... Material:.....

If the Garden of Rest plot is to be Purchased or Transferred to another party, please state full name and address below: (If Transfer, please complete Transfer Form). Purchased Transfer Reopen

Name & Address:

.....Postcode.....

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

Name of Undertaker/Person making the arrangements

Address:

Postcode: Tel No:

Return to: Stevenage Borough Council
Cavendish Road, Stevenage, Herts. SG1 2ET
(Cemeteries) Tel No: 01438 367109
Email: cemeteries@stevenage.gov.uk

FOR OFFICE USE ONLY		
Plot No.		
Grant No.		
Fees	£	p
Ashes GOR		
Grant/Transfer		
Total		
Receipt No:		

STEVENAGE BOROUGH COUNCIL GARDEN OF REST

Please complete this declaration if you are applying for a new Garden of Rest plot in the Council's Cemetery.

FORM OF DECLARATION FOR THE GARDEN OF REST

I make an application for an ashes plot in the Garden of Rest in the Council's 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 the Garden of Rest.

In making this application, I agree that the Council's Interment Regulations will apply in respect of any ashes plot I may be allocated.

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

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

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