#####

**Interment No:**

………………………….….

**Notice of Interment of Ashes - Garden of Rest at**  **Cemetery**

### This notice, fully completed, is to be sent to the Cemetery Office 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

* 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**](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:

Marital Status:

#### PARTICULARS OF CASKET

Size of Casket / Container / Urn: ….…………………………………. Material:……………………………………

**FORM OF DECLARATION FOR THE GARDEN OF REST**

Please complete this declaration if you are applying for a new Garden of Rest plot in the

Council’s Cemetery.

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)

**GRANT OF EXCLUSIVE RIGHTS OF BURIAL**

To be completed by the existing Grant Owner if reopen, the New Grant Owner if the plot is to be purchased or transferred to another party. If Transfer, please also complete the Transfer Form.

###### Purchased Transfer Reopen P/Health

Owner 1:

Name & Address:

……………………………………………………………………………Postcode…………………………………….

T/phone: ………………………………………….Email:……………………………………………………………….

Signature:……………………………………………………………..

Relationship to the deceased:……………………………………………………………..

**Owner 2:**

Name & Address:

……………………………………………………………………………Postcode…………………………………….

T/phone: ………………………………………….Email:……………………………………………………………….

Signature:……………………………………………………………..

Relationship to the deceased:………………………………………………………………………………………

**BENEFICIARY/CONTACT**

Please nominate a person or persons who will become beneficiaries of this grave/plot

Name & Address:

……………………………………………………………………………Postcode………………………………

T/phone:………………………………………….Email:……………………………………………………………

Relationship to the grant owner:……………………………………………………………………………………

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

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

**Further information on our cemeteries is available in the Cemetery Services Policy**

[**https://www.stevenage.gov.uk/about-the-council/cemeteries/our-cemeteries**](https://www.stevenage.gov.uk/about-the-council/cemeteries/our-cemeteries)