##### Stevenage Borough Council logo

**Interment No:**

………………………….….

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

### This notice, fully completed and accompanied by the appropriate remittance, is to be delivered to 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

### Please complete all sections of this form

* The only items permitted within the gardens are the authorised roses and plaques.

**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:……………………………………

#### PARTICULARS OF ROSE

Colour of Rose (see additional information):

Plaque Inscription (see additional information) Code:

**FORM OF DECLARATION FOR THE ROSE GARDENS**

Please complete this declaration if you are applying for a new plot in the Rose Gardens in the

Council’s Cemetery.

I make an application for an ashes plot in the Rose Gardens 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 Rose Gardens.

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…………………………………………………………………………………..

**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

Name & Address:

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

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

Signature:……………………………………………………………..

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

**BENEFICIARIES**

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

1:

Name & Address:

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

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

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

**2:**

Name & Address:

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

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

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

|  |
| --- |
| **FOR OFFICE USE ONLY** |
| Plot No. |  |
| Grant No. |  |
| **Fees** | **£** | **p** |
| Ashes Rose Garden |  |  |
| Transfer |  |  |
| **Total** |  |  |
| **Receipt No.** |  |

Name of Undertaker/Person making the arrangements:

Address:

Postcode………………Tel No:

**Return to:** Stevenage Borough Council, Cavendish Road,

Stevenage, SG1 2ET. 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)

Rose and Plaque Information

|  |  |
| --- | --- |
| **Choice of Roses (if required)**  |  |
| Red |  |
| Pink |  |
| Orange |  |
| Yellow |  |
| White |  |

|  |  |
| --- | --- |
| **Choice of Plaque Inscription** | Code |
| In Memory of | P1 |
| In Loving Memory of | P2 |
| Beloved and Remembered | P3 |
| Rest in Peace | P4 |
| Forever in our Thoughts | P5 |
| Cherished Memories | P6 |
| Always Loved - Never Forgotten | P7 |
| And so is Peace | P8 |
|  |  |
|  |  |