



Cemeteries Office North
 Rotterdam Road Depot,
 Rotterdam Road,
 Lowestoft, NR32 2EF
 Tel: 01502 443342
 Email:
 cemeteries@eastsoffolkservices.co.uk

Cemeteries Office South
 Ufford Depot,
 Yarmouth Road,
 Woodbridge, IP13 6ET
 Tel: 01502 443343
 Email:
 cemeteries@eastsoffolkservices.co.uk

NOTICE OF INTERMENT

Office use only

Burial No:

At Cemetery

NOTICE OF INTERMENT must be given in writing to the council as early as possible and in any event not less than three clear working days, or, five clear days for a vault. Saturdays, Sundays, Good Fridays, Christmas Day and Bank Holidays are not working days.

Day of Interment: **Date:** **Time:**

Service: STG / Chapel / Graveside Service * **Officiant:** **Denomination:**.....

Full name of deceased: Title:

Permanent Address:.....

Postcode: **Current or former occupation:**

Age: **Sex:** MALE / FEMALE *. **Marital status:**

Full name of Applicant for the Funeral: Title:.....

Relationship to deceased:..... **Address:**.....

..... **Postcode:**..... **Tel no:**

Grave Details: Section: Number: **Depth required:**.....

Is the Grave Purchased or Common? If Purchased, Grant No: Date issued:

*NEW OR RE-OPEN GRAVE OF:
(DOD).....

WHEN OPENING A PURCHASED GRAVE: Please complete section 1 on Page 2
WHEN PURCHASING A NEW GRAVE: Please complete section 2 on Page 2/3

Container Details: COFFIN / CASKET / URN / CREM BOX: **Width:**..... **Length:**..... (Actual include handles) PLEASE ENTER IN IMPERIAL MEASUREMENTS

If not a wooden coffin – please give details of material.....

Memorial Details: Type of memorial if fitted:

Name & date of mason notified to removed memorial:

Funeral Director details.

.....

ONE OF THE FOLLOWING DECLARATIONS MUST BE COMPLETED AND SIGNED

1. OPENING OF PURCHASED GRAVE

I (Full name) Title

Of (Full address).....

..... (Postcode)(Tel).....

Do solemnly declare that I am authorised as the registered owner or acting on behalf of the registered owner hereby

authorise "The Burial Authority" to open the following grave. (Cemetery)Section

Grave number: Grant number: Date grant issued:

And I make this solemn declaration conscientiously believing the same to be true, and by virtue of " The statutory Declaration Act 1835"

Signed: **Signed:**

Signed: **Signed:** **Date**

Witness to the signature of the above named:.....

NOTE: If the Owner is deceased, no further interment / memorial work will be allowed until the necessary steps have been taken to transfer the grave ownership. (Guidelines are available from cemeteries office upon request).

2. NEW PURCHASED GRAVE

The person/s named below will become the grant holder/s for the grave space and as such will have the same exclusive right to decide who can be buried in that grave space. The term for exclusive right of burial is for 25 years from the date of burial and the deed grant shall be made to:

IMPORTANT Full name/s and address/s of grantees to include title, middle names, postcodes and telephone numbers

1:
.....
.....

2:
.....
.....

NOTE. If more than 2 grant holders required, please attach on separate sheet of paper.

I acknowledge that I am aware that no form of memorial may be placed on the purchased grave without prior written authorisation from the Council.

Signed.....Signed.....Date

3. UNPURCHASED / COMMON GRAVE

I/we hereby give instructions for the interment of the deceased named in Part 1 hereof in an unpurchased, public, common grave, in which bodies of other or unrelated persons are, may or will be interred.

I/we clearly understand that I hereby acquire NO private burial rights relating to this type of grave and that NO FORM OF MEMORIAL, MONUMENT OR INSCRIBED VASE WILL BE PERMITTED TO BE PLACED UPON THIS GRAVE, unless historically a memorial is already in place, in which case, contact the Cemeteries office for clarification of what can be done.

Signature: (of relative or other person requesting burial).

Full Name: (BLOCK CAPITALS).....

Address:

Postcode Signed Date.....

A copy of the Council’s Cemetery Regulations is given within the [Cemeteries-and-Closed-Churchyard-Management-Policy available on the East Suffolk Council website](#)

Please note, the information you have supplied is being collected for the purposes of administering the Cemeteries and Burials Service, which includes the purchase / transfer of EROBs, Memorial Applications, and general / cemetery maintenance enquiries to maintain a safe and welcoming condition. To this end, ESC will share your data with the relevant stone mason and / or funeral director. The data may also be used to send you relevant information regarding your enquiry. By completing this form, you consent to ESC using your information in this way.

Your information will not be used for any other purpose unless we obtain your consent. Your information will be shared with East Suffolk Council, on whose behalf the Cemeteries and Burials Service is conducted. Personal Data relating to Exclusive Right of Burials. Memorials and Interments will be held indefinitely in accordance with Burial Law. Personal Data relating to general enquiries will be retained for 36 months after the matter has been concluded.

Data will be processed and held securely and in accordance with the UK General Data Protection Regulation and the Data Protection Act 2018 (and any updates or amendments). Further information about data protection can be obtained from East Suffolk Council.

For Office Use Only

Full name of Deceased _____ Date of Interment _____

SERVICE LEAFLET - “**IMPORTANT CEMETERY INFORMATION**” GIVEN TO APPLICANT. YES / NO

Grant of exclusive rights to: Funeral Director or Applicant*
Applicant.....

Invoice to: Funeral Director or

Purchase Fee:	Interment Fee:	Chapel Fee:	Total:	New Grant No:	EROB Update:	Date for Grave Lowering:
Bacas: <input type="checkbox"/>	Cemetery plan: <input type="checkbox"/>	Green/Corners Form Sent/Cremation Certificate <input type="checkbox"/>	ESC Accounts for Invoice <input type="checkbox"/>	Income Spreadsheet <input type="checkbox"/>	Cemetery Administrator <input type="checkbox"/>	