Cawood Parish Council

Notice of Interment Form

| **SECTION 1: FUNERAL DIRECTOR’S DETAILS** | | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Funeral Director | | | | | |  | | | | | | | | | |
| Business Address | | | | | |  | | | | | | | | | |
| Telephone | |  | | | | | | Email | |  | | | | | |
| Insurance Policy Details: | | | | | | | |  | | | | | | | |
| Level of Public Liability: | | |  | | | | | Expiry Date: | | | | | |  | |
| Risk Assessments Attached | | | | | Yes/No | Reason for Not Attaching, e.g., previously sent | | | | | |  | | | |
| **SECTION 2: GRAVE DIGGER’S DETAILS (to be completed by Funeral Director)** | | | | | | | | | | | | | | | |
| Name of Grave Digger | | | | | |  | | | | | | | | | |
| Business Address | | | | | |  | | | | | | | | | |
| Telephone | |  | | | | | | Email | |  | | | | | |
| Insurance Policy Details | | | | | | | |  | | | | | | | |
| Level of Public Liability | | | | | | | | Expiry Date | | | | | |  | |
| Risk Assessments Attached | | | | | Yes/No | Reason for Not Attaching, e.g., previously sent | | | | |  | | | | |
| **SECTION 3: DETAILS OF DECEASED** | | | | | | | | | | | | | | | |
| Surname |  | | | | | | | Forename(s) | | | |  | | | |
| Address |  | | | | | | | Age | | | |  | | | |
| Date of Death | | | | |  | Place of Death | | | | | |  | | | |
| **SECTION 4: INTERMENT INFORMATION (Existing Purchaser)** | | | | | | | | | | | | | | | |
| Grave Space Number | | | |  | | | | | Grave Depth | | | | | |  |
| Deed of Grant Number | | | |  | | | | | Number of Previous Interments | | | | | |  |
| Purchaser’s Name | | | |  | | | | | Purchaser’s Address | | | | | |  |
| Will a Transfer of Ownership Form be Required? | | | | | | | Yes | | | | | | No | | |
| Contact Details for Transfer of Ownership | | | | | | |  | | | | | | | | |

Susie Gowlett, Clerk and Responsible Financial Officer

07541 434569 (phone), email cawood.pclerk@gmail.com

| **SECTION 5: INTERMENT INFORMATION (New Purchaser)** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| Grave Space Number | | |  | Grave Depth | |  |
| Deed of Grant Number | | |  | Full Plot/ Half Plot | |  |
| Name of Purchaser | | |  | | | |
| Address of Purchaser | | |  | | | |
| Email |  | | | Telephone | |  |
| **SECTION 6: DETAILS FOR THE INTERMENT (All)** | | | | | | |
| Date of Interment | |  | | | Time of Interment |  |
| Burial/Ashes | |  | | | Minister |  |
| Date for Grave to be Dug | |  | | | Time |  |
| Name of Funeral Director | |  | | | Date |  |
| Signature | |  | | | | |
| **SECTION 7: FOR OFFICE USE** | | | | | | |
| Date Interment Notice Received | |  | | | Burial Registration Number |  |
| Index | |  | | | Grave Register |  |
| Purchased Grave Register | |  | | | Grant of Exclusive Right of Burial |  |
| Map | |  | | | Date Documentation Completed |  |
| Signed | |  | | | Role |  |

Susie Gowlett, Clerk and Responsible Financial Officer

07541 434569 (phone), email cawood.pclerk@gmail.com