



No: _____ (Office use only)

The Vestry Rooms
25 Fore Street
St Erth TR27 6HT
Tel: 01736 757575

Email: clerk@sterth-pc.gov.uk
Website: www.sterth-pc.gov.uk

NOTICE OF INTERMENT

Please refer to the Cemetery Regulations when completing this form. Please complete in either black ink or typed and email or post the application to the Clerk to ensure receipt three working days prior to proposed date of interment.

Details of the Deceased

Full name of person to be interred including title:	
If a minor full name of parents / legal guardians:	
Normal address:	
Occupation: (if retired state former occupation)	
Date of Death:	
Place of Death:	
Age at time of Death:	

Details of Interment

Requested date & time of interment:	
Expected time of arrival at cemetery:	
Name of Minister officiating:	
Burial / Cremation:	
Depth of grave if burial: (single / double / treble)	
Details of coffin: (material / dimensions)	
Plot No & ERB No: (if previously purchased grave)	
Name of Grave Digger:	
Plot No for new grave: (assigned by Clerk)	

New Grave

Please note permission is required from all registered owners in order to open a grave in future or for memorials to be installed.

Full name of person to whom Grant of ERB should be made out to:	
Full Address:	
Second name (if applicable):	
Full Address:	

Re-opening of Existing Grave

Name of Person/s already interred:	
Plot No & ERB No:	

Authority to Re-open Existing Grave

This section must be completed and signed by all Registered Owner/s:

I hereby consent to the interment of the deceased on this Notice of Interment and to abide by the cemetery regulations:

Full Name:	
Full Address:	
Signature:	

Declaration by Funeral Director

I declare that in accordance with the Local Authority Cemeteries Order 1977, I have been engaged by the representatives of the above to make the necessary arrangements for the burial of the deceased. I confirm that in accordance with the Local Cemeteries Order 1977, and the regulations made there under, I have obtained the consent of the owner of the grave for the burial of the named deceased therein. I undertake to indemnify St Erth Parish Council in respect of any claims and demands made by any persons of such burial.

Signature of person responsible for completing this form and date signed:	
Representing (Name of Company):	
Full Address:	
Telephone no:	