

**SPROWSTON TOWN COUNCIL – CEMETERY**  
**APPLICATION FOR THE RE-OPENING OF A PURCHASED GRAVE AND CONSENT TO**  
**BURIAL WHERE THE ORIGINAL PURCHASER IS NOT ABLE TO SIGN**

**NOTICE OF INTERMENT AT SPROWSTON CEMETERY**

This form **must** be completed and received by Sprowston Town Council, Sprowston Diamond Centre, School Lane, Sprowston, Norwich, NR7 8TR, at least 2 clear working days prior to the funeral service. Please note that if this form is either not fully completely or received by the time stated, then burial may be delayed.

**INTERMENT DETAILS**

Date & Time of Burial at graveside	
Full Name of Deceased (Mr, Mrs, Ms, Miss, Other)	
Age of Deceased	
Last permanent address	
Name of person Officiating	
Religion of Deceased if appropriate	
Grave Number/Type Traditional/Cremated Remains/Child	
SIZE – please specify the following  When stating the coffin size please give accurate coffin lid size only in order that we can make the necessary adjustment for grave size.	Coffin / Casket / Cremation Casket Outside measurement – length _____  Outside measurement – width _____ (include allowances for handles)  Outside measurement – height _____
Depth of Grave required (Please note that although best endeavours will be made to ensure that the requested depth is achieved, this may not be possible due to coffin/casket sizes and/or ground conditions.	
Any special requests ?	
Funeral Director's Name Address  Telephone No.	

**TO BE COMPLETED BY THE APPLICANT**

I hereby certify that the above details are correct and I have received a copy of the Rules & Regulations of the cemetery, and I will comply with them. I also understand that the funeral flowers will be removed from the grave automatically three weeks after the funeral. In the event that they fade beforehand then either the family or, on their instructions, the cemetery staff will remove them. This is to ensure that the grave is left looking as presentable and a fitting tribute as possible, to the deceased. Following removal of funeral flowers I understand that planting into the grave space is not permitted.

Signature of Applicant \_\_\_\_\_

Full Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

**SPROWSTON CEMETERY GRAVE NO.** \_\_\_\_\_

I, (\*1\*) .....

Of (\*2\*) .....

Do solemnly and sincerely declare:

1. That the Deed to the Exclusive Right of Burial in the grave was granted to (\*3\*) .....
2. That said (\*3\*) ..... died on the (\*4\*) .....
  - (I) Leaving a Will and Testament dated (\*5\*) ..... which was not revoked, in which I/we were appointed as Executor(s).
  - (II) Leaving a Will dated (\*5\*) ..... which did not appoint Executors/ appointing Executors who have not taken up or who are incapable of taking up the appointment.
  - (III) Not having left a valid Will and Testament.
  - (IV) I have been granted probate of the said (\*3\*) .....’s estate.
  - (V) I have had ownership of the Right of Burial transferred to me following the administration of the said (\*3\*) .....’s estate and now produce the transfer Deed.
3. The said (\*3\*) ..... left an estate of insufficient value for which it was required to apply for probate and I am the (\*6\*) ..... and next-of-kin and therefore would be entitled to such grant of probate had it been necessary.
4. To the best of my knowledge and belief the Deed relating to the Exclusive Right of Burial has not been sold or transferred to any person.
5. I declare (\*7\*) ..... to be the new rightful owner of the Exclusive Right of Burial.

I hereby indemnify Sprowston Town Council and all its Officers and Members against any claim whatsoever relating to the grave, its ownership, or the Exclusive Right of Burial therein.

I make this declaration conscientiously believing the same to be true and by virtue of the provisions of the Statutory Declarations Act 1935.

Signature of Declarant .....

Declared at .....In the County of .....

This ..... day of .....

Before me .....

Signature .....  
Solicitor/Commissioner of Oaths

Address of Solicitor/Commissioner of Oaths .....  
.....

Delete such parts above as appropriate

- (\*1\*) Full name of the Applicant
- (\*2\*) Full postal address of Applicant
- (\*3\*) Full name of the current owner of the Exclusive Right of Burial
- (\*4\*) Date of death
- (\*5\*) Date of Will
- (\*6\*) Relationship to the original owner
- (\*7\*) Name of the new owner of the Exclusive Right of Burial

**Consent Form**

Your privacy is important to us and we would like to communicate with you regarding Sprowston Cemetery. To do so we need your consent. Please confirm your consent. You can find out more about how we use your data from our "Privacy Notice" which is available from our website or from the Council Office at Sprowston Recreation Ground, Recreation ground Road, Sprowston, Norwich, NR7 8EW (01603 408063).

Yes, please, I would like to receive communication by telephone / post / email

Signed \_\_\_\_\_ dated \_\_\_\_\_