

SPROWSTON TOWN COUNCIL – CEMETERY
APPLICATION FOR THE RE-OPENING OF A PURCHASED GRAVE AND CONSENT TO
BURIAL BY THE ORIGINAL PURCHASER OF THE EXCLUSIVE RIGHT OF BURIAL

NOTICE OF INTERMENT AT SPROWSTON CEMETERY

This form **must** be completed and received by Sprowston Town Council, Council Office, Sprowston Recreation ground, Recreation Ground Road, Sprowston, Norwich, NR7 8EW, 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.

Signature of Applicant _____

Full Name of Applicant _____

Address _____

I hereby authorise Grave No. _____ in Sprowston Cemetery to be opened for the interment of _____ the deceased person named on this order.

Is the deed of ownership attached	YES / NO
Full name of registered owner (PLEASE PRINT)	Mr / Mrs / Ms
Address (PLEASE PRINT)	
Relationship to deceased	

I certify that the above particulars are correct and hereby undertake to 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 also understand that any memorial on the grave will need to be removed and re-fixed and that this work will not be the responsibility of the Council.

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.

N.B. If the Deed of Grant is not able to be produced the following must be completed:-

I, _____ (full name/please print) being the registered owner of the grant of Exclusive Right of Burial / Organiser (please delete one) for the above grave space and not having produced documentary proof of ownership, take full responsibility for the opening of the grave and the interment of the deceased person named in this order. I hereby indemnify Sprowston Town Council and all its Officers and Members against any liability.

Signed _____ date _____