

## **Burial Authority**

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## **Application of Interment**

Applications must be delivered to Watchet Town Council no later than noon 3 working days prior to interment

All fees and charges must be paid in advance at the time of delivery of this notice

**Hours of Interment:** 

Between 10am and 6pm from 25 March to 29 September

Between 10am and 4pm from 29 September to 25 March

NO Interments are permitted on Sundays, Christmas Day or Good Friday

It is requested that the following applicable particulars be carefully and accurately set forth:

i is requested triat the	e ronowing <u>applicable</u> pa	Tilculars be carefull	y and accurately set it	orui.			
	SEC	CTION A - Deta	ils of the Decease	ed			
	First Name(s) & Surname of person to be buried:						
Deceased							
Date of Birth:	Maiden Name (if applicable):  Date of Death:  Place in which death occurred:						
Date of Birtin.				i lace iii willon death	occurred.		
Age at Death:							
Home Address (address of deceased prior to being in residential care if applicable):							
Baliniana Banani			0	()			
Religious Denomination (if applicable):			Occupation (before retirement):				
SECTION B – Details of Applicant(s)							
	First Name(s) & Surname:						
Applicant(s)							
	Maiden Name (if applicable):						
Relationship to deceased: Date of Birth:							
Home Address:							
Contact details:							
Email:	Phone:						
	Name: Relation to the deceased:						
Next of Kin (if different from	Address:						
applicant)	Telephone:	F	mail:				
reiephone. Linaii.							
SECTION C - Details of Grave							
Section C1 To be completed if no pre-purchased plot has been assigned							
Now Crove	Plot to be purchased	: Is the Deed to	be issued in the na	me of the applicant:	Yes / No		
New Grave		1					



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SECTION C - Details of Grave (Continued)							
Section C2 To	be completed by the own	er of the grave	or their next of ki	n where the D	eceased is	s the grave owner	
	Plot to be opened:	Does the Deed	d of Grant now re	quire transfer	ring to Ne	kt of Kin or Other?	
Pre- Purchased		If Yes, Who*?					
Plot	Please Select:						
	First Interment		Or Second Interment			ent	
	(if second interment, please complete the section below)						
Details of First Interment (if applicable / known / details held):							
First Name(s) & Su	urname of person interred	d:					
Date of Death:		Age at Death:		Date of Bu	rial:		
Description of / In:	scription on Memorial Sto	one:					
<b>,</b>							
Please read and de	elete as appropriate:						
I am the registered	d owner of the grave / nex						
(legal documentation w	vill be required to ensure the rig	htful owner of the	plot before interment	can take place)			
If none of the above please state your relationship to the deceased grave owner*:							
	il can only authorise the openi						
will offer all assistance have clarified this matt	in establishing the means of tra er before booking.	ansfer and the issu	e of the relevant form	s, responsibility r	emains with	the funeral arranger to	
I agree for my deta	ails to be held on record u	ınder GDPR reg	gulations.				
Signed: Date:							
Print Name:							
SECTION D – Funeral Director information							
To be completed by the Funeral Director responsible to for above interment							
	Day:		Type of burial:		Proposed Depth of Burial:		
Interment Details	Date:				a) Single		
	Time: Plot No:		a) Ashes Burial		a) Single		
			b) Full Burial b) Double		e		
	Officiating Minister:						
	Name:	<u> </u>					
Funeral	Address:						
Director	Telephone:	Email:					
	Safety Risk assessment	and method s	statement been	Yes		No	
completed for this	interment?						



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Coffin Details	Coffin Size: Height: Width: Depth:		,		Composite Material Shroud Wooden			
Gravedigger details	Name: Address: Telephone: Email:							
Is Shoring required for the interment to take place? (If a person must enter the grave to a depth of more than 1mtr – shoring is required, please ensure this is stated on the gravedigger Health & Safety Risk Assessment)					Yes		No	
Has the gravedigger provided a Health & Safety Risk assessment and method statement for this interment? (If no, please ensure this is provided before the interment takes place)						No		
Grave digging plot measurements Height:				Width:	Dept		h:	
Please confirm agreement to forward the Gravedigger instructions to the above-named Gravedigger on confirmation of the proposed interment from Watchet Town Council.								
Please read before signing below: We have read and fully understand the Watchet Cemetery Policy and agree to abide by this.  We have conducted a full Health & Safety Risk assessment for this individual interment and in the event of any damage or injury caused by the funeral directors or gravedigger, indemnify Watchet Town Council against any claims that may arise.  We have seen the original Deed of Grant for the proposed grave, and we are satisfied that the identity of the grave owner is correct.								
We have provided the Deed holder/Applicant with a copy of the Cemetery Regulation Policy and informed them that no Memorial works are permitted without prior authorisation from the Council.								
Funeral Director	Signature:				Date:			