

NOTICE OF INTERMENT AT LEEK / BUXTON ROAD CEMETERY
(*delete as appropriate)
FOR BURIAL / ASHES CASKET / LOOSE ASHES IN LAWN / G.O.R.
(*delete as appropriate)

Please use **BLACK INK** and **BLOCK CAPITALS** throughout

1. Name of Deceased (in full)			
2. Occupational Description			
3. Late Residence			
4. Address where death took place			
5. Date of Death		6. Age	
7. Day and Date of Interment			
8. Time of arrival at Cemetery			
9. Name of Minister			
10. Gate to be used		11. No. of bearers	
GRAVE TYPE: NEW / REOPEN* (delete as appropriate) (*see Removal of Memorial over page)			
12. Grave Number		13. Depth of Grave required	
14. This is the		interment in this grave.	
15. Outside Measurements of Coffin or Casket (inc. handles)			
16. For Newly Opened Grave only:			
Full name and address of purchaser:			
Telephone No:		Post Code:	
17. Relationship to Deceased		18. Right of Burial No:	
19. For Reopened Grave only:			
20. Full name and address of Owner of Right of Burial:			
Telephone No:		Post Code:	
21. Name, address and date of last interment:			
22. Full Name and Address of Applicant (if different to Purchaser / Owner)			
Telephone No:		Post Code:	
23. Relationship to Deceased			
Amount of Fee	£	Date of Account	
			Account No.

FOR NEWLY PURCHASED GRAVES / LAWN GRAVES ONLY:

I authorise the opening of the grave and agree to comply with cemetery regulations, a copy of which I have been given by the funeral director.

Signature of Purchaser Date.....

(This signature **must** be that of the purchaser, **who alone** can authorise erection of memorials)

FOR REOPENED / PRE-PURCHASED GRAVES:

I authorise the opening of the grave and agree to comply with cemetery regulations - a copy of which I have been given by then funeral director. I will indemnify the Council from and against all liability or claims and legal fees and costs incurred which may result from the opening of the grave and burial of the deceased, brought by any person, or their successors in title, claiming ownership of the grave.

Signature of Owner / Applicant Date

(If the owner of R.O.B. is still alive, he/she **must** sign here. The person signing here **alone** can authorise erection of memorials)

FOR REMOVAL OF MEMORIAL:

I understand that for safety reasons the memorial on the above grave will have to be removed before excavation is possible.

I nominate		to carry out the work at my expense.
------------	--	--------------------------------------

Signature of Owner / Applicant Date

PLEASE NOTE: In accordance with the Cemetery Regulations, failure to complete and sign this clause may result in the postponement or cancellation of the interment. If the memorial is moved in such circumstances the Council may not permit the erection of any further memorial upon the grave space in question.

I declare to the best of my belief and knowledge that the information given on this form is correct. I have explained this form and its implications to my client and am aware of the fees, including 'out of area' fees, as levied by Staffordshire Moorlands District Council.	
Name of Funeral Director / Applicant.....	
Address	Tel. No.....

This form, fully completed, and the Burial / Cremation Certificate must be received by the Cemetery Registrar not later than 24 hours before the time of interment (excluding Saturdays, Sundays and Bank Holidays). A copy of the current cemetery regulations and fees are available on our website.

Please return this form and direct all enquiries to alliancecemeteries@cheshireeast.gov.uk
Copies of this form can be downloaded from the burials page at www.staffsmoorlands.gov.uk/burials