INTERMENT FORM ~ Preston Cemetery ~ Interment No:…… Burial Authority use only

To be received by the Burial Authority/Preston Parish Council, 5 working days before the proposed interment.

1. **Full name of deceased** ……

2. **Address of deceased** ……

……

3. **Length of residency at the above** : ……..**Years**. 4. **Age of deceased** ……..

5. **Occupation/trade etc:**…….. 6. **Date of death** ……

7. **Parish in which death occurred**……

8. **DATE & TIME requested for interment** ……..

9. **Name of Minister**:…….. **10**. **Religion**:……..

10. **Tick to identify if: Ashes** ☐ **or Burial** ☐

11. **Tick to identify if**: Re-opening ☐ of plot no. …….. DEED No**……..
or
New grave ☐ *PLOT No: …… DEED No……..
** **Please include the Exclusive Right of Burial Certificate with this application.**

12. **Name & address of existing or new Deed / Grave owner** ……

……

Tel: …… Email……

*Burial plots will be allocated by the Parish Clerk, for burial ground management purposes. Any query arising as to where a grave is situated, must be discussed with the Clerk immediately. The Clerk and/or Council decision or instructions will be final and must be complied with. **It is the Funeral Director's responsibility to organize the digging of the plot**. If a plot, cannot be excavated to the regulation size due to adverse ground conditions, or otherwise, an alternative will be made available. The Clerk must be informed immediately.

13. **Name & Address of Funeral Director.** ……

……

Tel:……Email……

Signature of Funeral Director: …… **Date:** ……2024

14 Removal of headstone by: …… Stonemasons.

For Burial Authority use only. *Diary* ☐ *Mark Grave* ☐ *Cemetery plan* ☐ *G.D.P.R* ☐ *Exclusive Right of Burial No:……*

Register of Burials: Book:……Page:……Entry No:……

Register of Purchased Graves: Book:……Page:……Entry No:…… Grave Spaces: ☐

Fee: *Invoice No.*