PARISH COUNCIL COMMUNITY CENTRE, BELL LANE, ACKWORTH, WEST YORKSHIRE, WF7 7JH
01977 611583
clerk@ackworthparishcouncil.gov.uk

OFFICIAL APPLICATION FOR INTERMENT

ACKWORTH CEMETERY

TO BE COMPLETED AND FORWARDED TO THE ABOVE ADDRESS NOT LESS THAN 48 HOURS BEFORE INTERMENT

Cemetery	**Space**	**Section**
Ackworth		

Burial Day_____

Burial Date_____**Time**_____

Deceased's Full Name _____

Deceased's Address _____

Place of Death _____**Deceased's Age**_____

Occupation _____

Date of Death _____

Coffin \ Casket \ Cremated Remains *delete as appropriate

Coffin\Casket\Urn **Length** – Ft._____Ins. _____ **Width** – Ins. _____(at shoulder) **Depth** Ins._____

ALL COFFIN DIMENSIONS MUST BE NET SIZES AND INLCUDE HANDLES LOWERING RINGS AND/OR OTHER ITEMS INCREASING OVERALL DIMENSION

Type of Grave – New Grave for 1_____2_____3_____4_____/Re-open_____/Strewing_____

Minister _____ **Denomination**_____

Purchaser (New Grave) _____ **Tel** _____

Address of Purchaser _____

Signed by Purchaser_____

Funeral Director _____

Funeral Directors Address _____

FOR ALL RE OPENED GRAVES PLEASE COMPLETE THE SECTION BELOW, DETAILS OF PREVIOUS INTERMENTS (AS FAR AS KNOWN)

Name	Age	Date of Interment

THE DETAILS ABOVE HAVE BEEN VERIFIED BY THE PERSON AUTHORISING THE INTERMENT

For office use

Date & Time Received _____

_____
Funeral Directors Signature & Date

AUTHORITY FOR RE-OPENING A PRIVATE GRAVE

TO: ACKWORTH PARISH COUNCIL

I : _____ HEREBY GIVE AUTHORITY for

GRAVE NO. _____ in SECTION _____ OF ACKWORTH CEMETERY

To be opened for the interment, Strewing, or Interment of Cremated Remains, of the late.

Name of deceased _____

* and produce herewith the Grant of Exclusive Right of Burial. Grant number _____Date of Issue_____ * I am unable to produce the Grant of Exclusive Right of Burial **(* Delete which is not applicable).**

The Right of Burial is vested only in me, and I am the only person authorised to give instruction.
I hereby undertake to indemnify Ackworth Parish Council against all acts and proceedings, costs and expenses which may be brought against them by reason of such permission as aforesaid.

The following section must be signed in no more than one place otherwise it will not be accepted

1. Registered owner as named on the Grant	Signature Address Telephone No. Date
2. Executor of Registered Owner (if registered owner is deceased)	Signature Address Telephone No. Date
3. Next of kin of Registered Owner (if registered owner is deceased)	Signature Address Telephone No. Date State Relationship