

KIRBY MUXLOE PARISH COUNCIL

Parish Council Office
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NOTICE OF INTERMENT

[Office Use:]

[BURIAL Reg No.]

GRAVE NO.

This notice is to be delivered between the hours of 9.00 and 2.00 pm to the Parish Council at least two days (exclusive of weekends and bank holidays) previous to any interment

Full Name of the Deceased

Permanent address of deceased:.....

Date of death..... Age at Death

Description (as to profession, trade etc)
of the person to be buried (if a minor,
name and residence of parents)

Place of Death

Day, date and time of Interment

Officiating Minister

If Grave re-open, state name of interred

Section and number of grave, and date

Of last interment Date.....Grave No.

If new Grave required, state for how many interments

State whether : Burial Ashes Scatter Please state whether coffin or casket

Maximum overall dimensions
of coffin/casket Length Width Depth.....

Funeral Director

Address:

.....Tel No

Signature of ApplicantAddress

Relationship to Deceased Date

INTERMENT £
OTHER FEES £

GRAVE SPACE PURCHASED £
RECEIPT No

INTERMENT (ASHES) £
TOTAL £

APPLICATION TO PURCHASE EXCLUSIVE RIGHT OF BURIAL

I desire to purchase the exclusive right of burial in a grave in which the named deceased (overleaf) is to be interred, and the following is my full name and address: *(ONLY TWO NAMES MAXIMUM IF REQUIRED)*

Full Name.....
Address:.....
.....
Post Code.....
Tel No.....
Signed.....

Full Name.....
Address:.....
.....
Post Code.....
Tel No.....
Signed.....

APPLICATION FOR EXISTING GRAVE TO BE RE-OPENED

a) To be completed by the Grant holder

As the holder of the Exclusive Right of Burial I hereby give authority for Grave Number to be re-opened for the interment of the named deceased (overleaf), AND PRODUCE HEREWITH THE GRANT OF RIGHT OF BURIAL.

I declare that I am the person authorised to give this instruction, and I will indemnify Kirby Muxloe Parish Council against all claims, etc. which may be suffered in consequence.

Full Name(Block letters)

Address:

Post Code..... Tel No

Relationship to deceased

Signature of purchaser

b) To be completed if Grant is held by deceased and a completed Assent (transfer) form [3] is attached.

I hereby confirm that the Exclusive Right of Burial, in the name offor grave no. in Kirby Muxloe Village Cemetery, is to be transferred into my name and that I have read and completed the necessary transfer form(s), AND PRODUCE HEREWITH THE GRANT OF RIGHT OF BURIAL.

Full Name(Block letters)

Address:

Post Code..... Tel No

Relationship to deceased

Signature of declarant

IMPORTANT: if the deed cannot be located a Statutory Declaration and Indemnity form [2], witnessed by either a solicitor or Commissioner of Oaths, must ALSO be completed and attached.